

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
NOV 10 2014

WELL API NO. 30-025-41950
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FED <input type="checkbox"/>
6. State Oil & Gas Lease No. 313471
7. Lease Name or Unit Agreement Name Nighthawk State Com
8. Well Number 003H
9. OGRID Number 160825
10. Pool name or Wildcat 960;AIRSTRIP BONE SPRING

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK OR
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
BC OPERATING INC.

3. Address of Operator
P.O. BOX 50820 MIDLAND, TEXAS 79710

4. Well Location

Unit Letter O : 240 feet from the South line and 2310 feet from the East line

Section 20 Township 18S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3919 GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☒ SPUD

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/18/2014 SPUDDED WELL

Spud Date: 10/18/2014

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Pam Stevens TITLE: Regulatory Analyst DATE 11/5/14

Type or print name Pam Stevens E-mail address: pstevens@bcooperating.com PHONE: 432-684-9694
For State Use Only

APPROVED BY: [Signature] TITLE: Petroleum Engineer DATE 11/10/14
Conditions of Approval (if any):

NOV 12 2014