

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 87404
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD
NOV 06 2014
RECEIVED

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

WELL API NO. 30-025-41364
5. Indicate Type of Lease STATE [ ] FEE [x]
6. State Oil & Gas Lease No. 39652
7. Lease Name or Unit Agreement Name Battle
8. Well Number 1H
9. OGRID Number 160825
10. Pool name or Wildcat WC-025 G-06 S213326D; Bone Spring

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)
1. Type of Well: Oil Well [x] 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 A : 160 feet from the North line and 360 feet from the East line
Section 34 Township 21S Range 33E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3702' 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 [ ]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [ ] ALTERING CASING [ ]
COMMENCE DRILLING OPNS. [ ] P AND A [ ]
CASING/CEMENT JOB [ ]
OTHER: [ ] OTHER: Completed Well [x]

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.

Drilled and completed well as per attached completion paperwork and put well on production 10/16/2014.

Spud Date: 07/01/2014 Rig Release Date: 09/01/2014

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 11/04/2014

Type or print name Pam Stevens E-mail address: pstevens@bcoperating.com PHONE: 432-684-9696

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 11/18/14

NOV 18 2014