

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  
 Revised August 1, 2011

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

WELL API NO. 30-025-42009	/
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. 39652	
7. Lease Name or Unit Agreement Name Battle	/
8. Well Number 2H	/
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  Gas Well  Other  **HOBSOCD**

2. Name of Operator  
BC Operating, Inc. **JAN 26 2015**

3. Address of Operator  
P.O. Box 50820 Midland, Texas 79710 **RECEIVED**

4. Well Location  
 Unit Letter O : 240 feet from the South line and 1660 feet from the East line  
 Section 27 Township 21S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3672' GL

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

01/20/2015:  
 Ran 41 joints of 13 3/8" 54.5# J-55 STC casing from 0' to 1711'. Cemented with 1073 sx Class C/256 bbls @ 14.8 ppg with Yield of 1.35 additives, C + 1% CaCl2 + 0.25# sx CF. WOC. Washed through conductor and flowline. ND conductor, remove turn buckles, removed flowline, drained conductor and RD Cementers. Cut conductor & casing, LD, final cut on csg. Installed WH & weld up. Tested to 800 psi for 30 mins - good.

T.O.C.?

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

E-PERMITTING	
P&A NR _____	P&A R _____
INT to P&A _____	
CSNG <b>MB</b>	CHG Loc _____
TA _____	

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 01/20/2015

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

**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 01/28/15  
 Conditions of Approval (if any):  

JAN 29 2015

*[Handwritten mark]*