

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 July 18, 2013

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

WELL API NO. 30-025-25046
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Jal "B" Deep
8. Well Number 1
9. OGRID Number 025670
10. Pool name, or Wildcat Strawn/Atoka SWD Miss Dev/Fuss

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 SWD

2. Name of Operator  
BC & D Operating, Inc.

3. Address of Operator  
P.O. Box 302, Hobbs, New Mexico 88241

4. Well Location

Unit Letter H : 1980 feet from the North line and 660 feet from the East line  
Section 17 Township 25S Range 36E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3150' RKB

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: MIT ☒

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.

Date of test: 01/13/2015

Pressure Reading: Initial @ 540 Psig; 15 Min @ 545 Psig; 35 Min @ 545 Psig

Length of test: 35 minutes

Witnessed: No

Packer set @ 11,621'  
Top Perf @ 11,708'

Spud Date:

Rig Release Date:

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

SIGNATURE Donnie Hill TITLE President DATE 1/15/2015

Type or print name Donnie Hill E-mail address: dhill@wellconsultant.com PHONE: 575-942-2700

For State Use Only

APPROVED BY: Bill Suramak TITLE Staff Manager DATE 2/3/2015

Conditions of Approval (if any):

FEE 08 2015

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