

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. 30-025-41703
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 Berry SWD
8. Well Number 1
9. OGRID Number 160825
10. Pool name or Wildcat SWD; Cherry Canyon 97996

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Salt Water Disposal <input type="checkbox"/>	
2. Name of Operator BC Operating, Inc.	
3. Address of Operator P.O. Box 50820, Midland, Texas 79710	
4. Well Location Unit Letter I : 1620 feet from the S line and 304 feet from the E line Section 35 Township 20 S Range 34 E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <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.

03/05/15: Spudded well at 3 a.m. on 03/05/15.

Spud Date:	03/05/2015	Rig Release Date:	
------------	------------	-------------------	--

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

SIGNATURE <u>Pam Steuere</u>	TITLE <u>Regulatory Analyst</u>	DATE <u>03/05/2015</u>
Type or print name	E-mail address:	PHONE:
For State Use Only		
APPROVED BY: <u>[Signature]</u>	TITLE <u>Petroleum Engineer</u>	DATE <u>03/10/15</u>
Conditions of Approval (if any):		

MAR 10 2015

[Signature]