

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

HOBSOCD
 MAR 02 2015

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 checked="" 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

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 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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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.

02/24/2015:
 Ran 5 1/2" P110 17# casing. Worked casing from 16,688' to 16,949'.

Cement: Test lines to 3500 psi. Lead w/800 sx 11.80#, 2.39 yield w/additives 50/50/10 Poz Gel + 0.25#/sx CF + 0.4% R-20 + 0.2% CD-35 + 3% salt. Tailed w/730 sx 15#, 2.50 yield w/additives 50/50/4 Poz H Gel + 0.1% CD-37 + 0.8% R-20 + 0.5T FL-16 + 0.5% TSM-1 + 0.1% AS3 + 5% salt. Displaced 108 bbls FW, 30 bbls sugar water followed by FW. Bumped plug @ 3100 psi - held good. No cement to surface. TOC - 2808' calculated.

Attached is the directional survey. Please see attachments.

Spud Date: 07/01/2014 Rig Release Date: 02/24/2015

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 02/25/2015

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

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 12/15/15

Conditions of Approval (if any):

DEC 21 2015