

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
9. OGRID Number 025670	
10. Pool name or Wildcat Strawn/Atoka SWD	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3150' RKB	

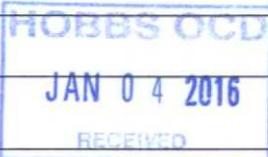
**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

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



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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT <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.

Date of test: 12/18/2015

Pressure Reading: Initial @ 550 Psig; 15 Min @ 550 Psig; 32 Min @ 550 Psig

Length of test: 32 minutes

Witnessed: Yes

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.

*GB*

SIGNATURE *Donnie Hill* TITLE President DATE 1/04/2016

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

**For State Use Only**

APPROVED BY: *Bill Semanah* TITLE Staff Manager DATE 1/5/16

Conditions of Approval (if any):

JAN 05 2016

*m*

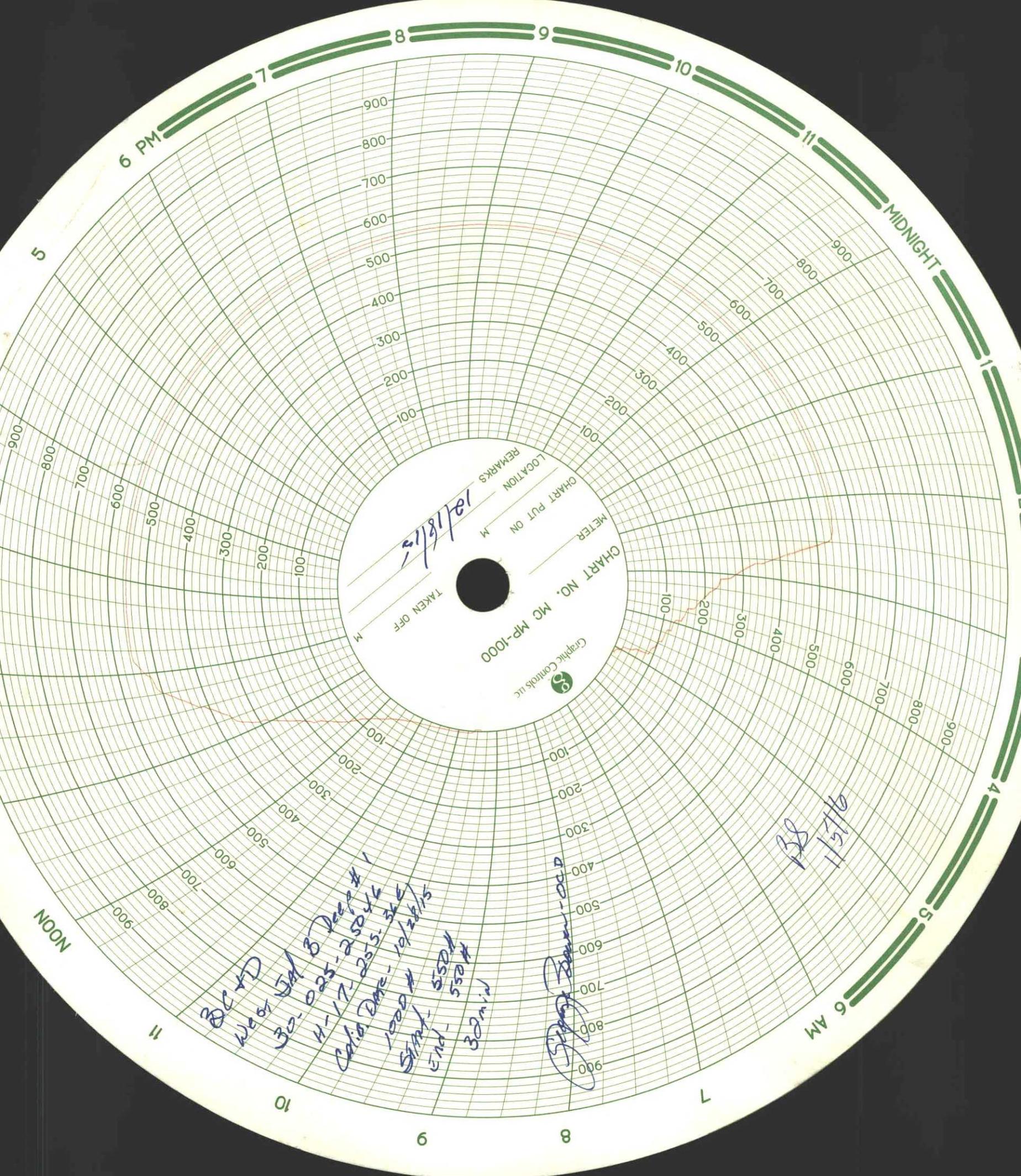


CHART NO. MC MP-1000  
 METER  
 CHART PUT ON M  
 REMARKS  
 LOCATION  
 TAKEN OFF M  
 12/18/15

Graphic Controls LLC

300 yd  
 West of  
 30-025-250 yd  
 4-025-250 yd  
 1000#  
 Start - 10/28/15  
 End - 5:50 PM  
 550#  
 30 min

000-  
 11/5/16

38  
 11/5/16