Submit 1 Copy To Appropriate District	2 0 100
Office	Form C-103 Revised July 18, 2013
District 1 = (3/3) 333 = 0101	WELL API NO.
District II - (575) 748-1283	30-025-31803
Bill S. First St., Artesia, NM 88210 District III – (505) 334-6178 RECENT 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE STATE
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	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
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	7. Lease Name or Unit Agreement Name State HH Delaware
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number #2
2. Name of Operator	9. OGRID Number
BC OPERATING, INC.,	160825
3. Address of Operator P.O. BOX 50820, MIDLAND, TX 79710	10. Pool name or Wildcat Geronio, Delaware
4. Well Location	GERONIMO
Unit Letter A : 660 feet from the NORTH line and 66	0 feet from the EAST line
Section 36 Township 19S Range 32E	NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
 Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Corproposed completion or recompletion. ubsequent report of work done to temporarily abandon subject well. Notified Maxey Brown of the NMOCD of impending TA operations. MIRU on 7/19/2016. NU BOP's and tested anchors. Pulled rods, tubing and TAC RU wireline company and set CIBP @ 5,112' and dump bail 35 sx cmt on top of C Tested casing to 600 psi for 30 mins (Chart attached) on 7/22/2016 GBIH with open ended tubing to 5,079'. Circulate hole with 2% KCL water. RDM 	npletions: Attach wellbore diagram of
7. Left well temporarily abandoned 7/22/2016	
this Approval of Tempo	
Abandonment Expires_	7/22/2020
pud Date: Rig Release Date:	
hereby certify that the information above is true and complete to the best of my knowledge	e and belief.
())	
IGNATURE anal tick TITLE Regulatory Analyst	DATE 7/22/2016
ype or print name Sarah Presley E-mail address: _spresley@bcope	rating.com PHONE: 432-684-9696
or State Use Only AA / O	1 1
VI alan MENON Dist C. DO	WISOU DATE 7/26/2014
PPROVED BY: Maley ANOWN TITLE DUSK Supe	WILD DATE 1/26/00
conditions of Approval (if any):	

MB

NADEL AND GUSSMAN PERMIAN



