

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

HOBBS OGD
 NOV 07 2016
 RECEIVED

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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 checked="" type="checkbox"/> Other		WELL API NO. 30-025-02765
2. Name of Operator BC OPERATING, INC.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P.O. BOX 50820 MIDLAND, TX 79710		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>9</u> Township <u>16S</u> Range <u>35E</u> NMPM LEA County		7. Lease Name or Unit Agreement Name HULDA A TOWNSEND
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4014 GL		8. Well Number #6
9. OGRID Number 160825		10. Pool name or Wildcat SWD; WOLFCAMP

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

E-PERMITTING <SWD INJECTION>
 CONVERSION _____ RBDMS NR
 RETURN TO _____ TA fm
 CSNG _____ ENVIRO _____ CHG LOC _____
 INT TO PA _____ P&A NR _____ P&A R _____

SUBSEQUENT REPORT OF:
 REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. P AND A
 CASING/CEMENT JOB
 OTHER: TA STATUS

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.

11/4/2016: RAN MIT TEST. KERRY FATE OF THE NMOCD WITNESSED (CHART ATTACHED)
FORTNER

This Approval of Temporary
 Abandonment Expires 11/4/2017

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 Sarah Presley TITLE REGULATORY ANALYST DATE 11.7.2016

Type or print name SARAH PRESLEY E-mail address: spresley@bcoperating.com PHONE: 432-684-9696

For State Use Only
 APPROVED BY: Malay Brown TITLE Dist. Supervisor DATE 11/7/2016
 Conditions of Approval (if any):

