

# HOBBS OCD

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. <b>30-025-39992</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>State ECC</b>
8. Well Number <b>04</b>
9. OGRID Number <b>329487</b>
10. Pool name or Wildcat <b>Caprock: San Andres, East</b>

**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 **Dry hole**

2. Name of Operator  
**BXP operating, LLC**

3. Address of Operator  
**1515 Calle Sur, Hobbs, NM 88240.**

4. Well Location  
 Unit Letter **G** : **1980** feet from the **North** line and **1650** feet from the **East** line  
 Section **11** Township **12 S** Range **32 E** NMPM **Lea County**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**4346'**

## 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 checked="" 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: <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.

**May 1 - May 5, 2020 K. Foutner - NM OCD was notified by Buddha Copeland.**

**MI WSR. Prepared loc. for RU. Tested anchors. NU BOP.**

**MI 27'g' work tubing. Tallied & PLU same. Tapped cement @ 4090'.**

**Circ. hole w/ 10" selfed brine. Perf 4 holes @ 1510'. Spotted/sqzd 505xs. Class 'C' cement.**

**WOC 4 hrs. Tapped cement @ 1380'. Perf 4 holes @ 420'. Spotted/sqzd 44 w/ 505xs.**

**Class 'C' cement. WOC 4 hrs. Tapped @ 295'. Pumped 255xs. Class 'C' cement to**

**surface. (Pictured). NB. RD & released all equipment. No earthen pit. Steel pit**

**emptied & taken to Gandy-Marky. Will cut off anchors, well head, install DH marker**

**Clean up location within 90 days.**

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 **[Signature]** TITLE **Operations Manager** DATE **5/6/2020**

Type or print name **M. Y. (Merch) Merchant** E-mail address: **mymench@penncoil.com** PHONE: **(575) 492-1236**

For State Use Only

APPROVED BY: **[Signature]** TITLE **C O A** DATE **5-8-20**

Conditions of Approval (if any)