Office Office	State of New M	exico		Form C-103
District I	Energy, Minerals and Natural Resources			May 27, 2004
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II	OIL CONSERVATION DIVISION		30-025-37858	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		Indicate Type o	
1000 Rio Brazos Rd., Aztec, NM 87410			STATE X	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas	Lease No.
87505				
the state of the s	ICES AND REPORTS ON WELLS	S	7. Lease Name or	Unit Agreement Name
(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.)			Jammer	
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 1	
2. Name of Operator			9. OGRID Number 160825	
BC Operating, Inc.			9. OGKID Nullibe	r 100823
3. Address of Operator			10. Pool name or V	Wildcat
P O Box 50820 Midland, TX 79710			Sanmal (Wolfcamp)	
4. Well Location				
1				
	=_660'feet from the South _			lastline
Section 21	Township 16 S	Range 33 E	NMPM	County Lea
	11. Elevation (Show whether DR	R, RKB, RT, GR, etc.)		
	4207' GR			
Pit or Below-grade Tank Application	or Closure			
Pit typeDepth to Grounds	vaterDistance from nearest fresh v	water well Dista	ince from nearest surfac	ce water
Pit Liner Thickness: mi	Below-Grade Tank: Volume	bbls; Cor	struction Material	
12 Charle	Ammonwiata Day to Indianta N			~ .
12. Check	Appropriate Box to Indicate N	vature of Notice, i	Report or Other 1	Jata
NOTICE OF IN	NTENTION TO:	SURG	SEQUENT REP	OODT OE:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERING CASING
TEMPORARILY ABANDON				P AND A
PULL OR ALTER CASING		CASING/CEMENT		FANDA []
		O/ (OII TO/OLIVILITY)	10p []	
OTHER:		OTHER:		A San I
13. Describe proposed or comp	pleted operations. (Clearly state all	pertinent details, and	give pertinent dates	including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
or recompletion.	•	4 ,	76. je	
			ंठ	37.26.00
1/25/07 Acidized w/ 12,970 gal 15	% zonal coverage acid. Tailed w/ 4	,000 gal 15% NEFE :	acid.	3 3 3 3 3 3 3 3 3 3
			18 Local 4	
1/26/07 Making swab runs			10	V.
			Tr.	. ar
2/22/07 RIH w/ 2 ½ x 1 ¼ x 24' pt	$mp w/6$ " GA, on-off tool, 6-1 $\frac{1}{2}$ " V	WT bars, 242 (3/4") r	ods, 180 (7/8") rods	se4-4'x7/8" (subs,
$1-\delta \times 1/\delta \text{ Sub.}$				100
Put well back on production	n			
I hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief. I further	certify that any pit or below-
grade tank has been/will be constructed or	closed according to NMOCD guidelines [🗌, a general permit 🔲 o	r an (attached) alternat	ive OCD-approved plan 🔲.
SIGNATURE /		o		
SIGNATURE	IIILE(Operations Manager	DATE_ 2/2	28/07
Type or print name Kevin Widn	er E-mail address: Kwidne	om@ugo.cml!m	The least and the	20 (04 060)
For State Use Only	L-man augress: Kwidne	er@usaonline.net	Telephone No. 43	32-084-9696
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APPROVED BY:	Link TITIE	REPRESENTATIVE I	I/STAFF MANAGE	K DATE
Conditions of Approval (if (ny):	OC'FIELD	REPRESEIVIAIIAE.		DATE
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