

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.	30-025-38373
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No.	VB-1070
7. Lease Name or Unit Agreement Name	Rattletrap
8. Well Number	1
9. OGRID Number	160825
10. Pool name or Wildcat	Grayburg Jackson SR-QN-GB-SA

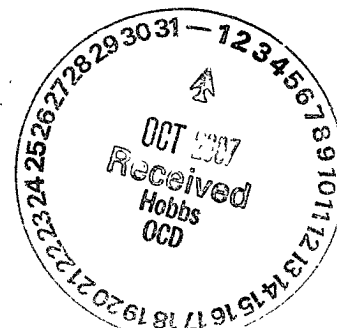
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator B C Operating, Inc	
3. Address of Operator P O Box 50820 Midland, TX 79710	
4. Well Location Unit Letter <u>H</u> : <u>1650</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>East</u> line Section <u>18</u> Township <u>16S</u> Range <u>32E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4363'	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9/13/07 Perf 4094'-4096', 4098'-4102', 4105'-4115', 4122'-4128'  
9/14/07 Frac w/ acid & 80,000 gal fluid & 85,000# propanat.  
9/18/07 Perf 3650' - 3669'  
Acid w/ 2000 gal 15% HCl, formation broke at 1761#; dropped 80 ball sealers evenly.  
9/21/07 Frac w/ 80,000 gal fluid & 85,000# propanat;  
9/25/07 RIH w/ 109 jts 2 3/8" J55 4.7# 8rd EUE tbgs; EOT - 3692'  
143 - 3/4" rods and 1 1/4" x 20' pump



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Pam Botkin TITLE Engineering Tech DATE 9/28/07

Type or print name Pam Botkin E-mail address: Pbotkin@usaonline.net Telephone No. 432-684-9696 x216  
For State Use Only Larry W. Wink OC FIELD REPRESENTATIVE W/STAFF MANAGER OCT 02 2007  
APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_