

District I
1625 N French Dr, Hobbs, NM 88240
District II
1301 W Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, 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-101
May 27, 2004

Oil Conservation Division

1220 South St. Francis Dr.
Santa Fe, NM 87505

MAR 10 2008

Submit to appropriate District Office

HOBBS OCD

AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Operator Name and Address BC Operating P.O. Box 50820 Midland TX		OGRID Number 160825
Property Code 37044	Property Name Raptor II State	API Number 30-25-36902
Proposed Pool 1 Wildcat Scharb Bone Spring		Proposed Pool 2

UL or lot no F	Section 11	Township 19S	Range 34E	Lot Idn	Feet from the 1830	North/South line North	Feet from the 1980	East/West line West	County Lea
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Proposed Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Work Type Code E		Well Type Code O	Cable/Rotary Rotary	Lease Type Code S	Ground Level Elevation 3979'
Multiple No	Proposed Depth 11,000'	Formation Bone Springs	Contractor Nabors	Spud Date 6-1-08	
Depth to Groundwater 123'		Distance from nearest fresh water well		Distance from nearest surface water	
Liner: Synthetic <input checked="" type="checkbox"/> 10 mils thick Clay <input type="checkbox"/> Pit Volume 10000 bbls Drilling Method Closed-Loop System <input type="checkbox"/> 12 mils minimum CW Fresh Water <input type="checkbox"/> Brine <input type="checkbox"/> Diesel/Oil-based <input type="checkbox"/> Gas/Air <input type="checkbox"/>					

Proposed Casing and Cement Program					
Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
17 1/2	13 3/8	48	350	388	Surf
11	8 5/8	32 + 24	3810	1250	Surf
7 7/8	5 1/2	17	11,000	500	Tie back in 8 5/8

22 Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

BC plans to re-enter this well and deepen ~500' to test the Bone Springs.
All pressure control equipment will be tested at 5000#.

23 I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that the drilling pit will be constructed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> , or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		OIL CONSERVATION DIVISION	
Signature Pam Botkin		Approved by: Chris Williams	
Printed name Pam Botkin		Title OC DISTRICT SUPERVISOR/GENERAL MANAGER	
Title Engineering Tech		Approval Date APR 04 2008	
E-mail Address pbotkin@usaonline.net		Expiration Date	
Date 3/6/08	Phone 432-684-9696	Conditions of Approval Attached <input type="checkbox"/>	

Permit Expires 2 Years From Approval
Date Unless Drilling Underway

Permit Expires 2 Years From Approval
Date Unless Drilling Underway
Re-Entry

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

Form C-102
Revised October 12, 2005
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-36902	² Pool Code 55610	³ Pool Name Scharb Bone Spring
⁴ Property Code 37044	⁵ Property Name Raptor II State	⁶ Well Number 1
⁷ OGRID No. 160825	⁸ Operator Name BC Operating	⁹ Elevation 3979'

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	11	19S	34E		1830	North	1980	West	Lea

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres 160.80	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

¹⁶	¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division Pam Botkin 3/6/08 Signature Date Pam Botkin Printed Name
	¹⁸ SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor. Certificate Number

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State of New Mexico
Energy Minerals and Natural Resources

Form C-144
June 1, 2004

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

For drilling and production facilities, submit to appropriate NMOCD District Office.
For downstream facilities, submit to Santa Fe office

Pit or Below-Grade Tank Registration or Closure

Is pit or below-grade tank covered by a "general plan"? Yes ☒ No ☐

Type of action: Registration of a pit or below-grade tank ☒ Closure of a pit or below-grade tank ☐

Operator: BC Operating Telephone: 432-684-9696 e-mail address: jsimon@usaonline.net
Address: P.O. Box 50820 Midland, TX 79710
Facility or well name: Raptor II State #1 API #: 30-025-36902 U/L or Qtr/Qtr F Sec 11 T 19S R 34E
County: Lea Latitude _____ Longitude _____ NAD: 1927 ☐ 1983 ☐
Surface Owner: Federal ☐ State ☐ Private ☐ Indian ☐

Pit	Below-grade tank
Type: Drilling <input checked="" type="checkbox"/> Production <input type="checkbox"/> Disposal <input type="checkbox"/> Workover <input type="checkbox"/> Emergency <input type="checkbox"/> Lined <input checked="" type="checkbox"/> Unlined <input type="checkbox"/> Liner type: Synthetic <input checked="" type="checkbox"/> Thickness <u>10</u> mil Clay <input type="checkbox"/> Pit Volume <u>1900</u> bbl	Volume: _____ bbl Type of fluid: _____ Construction material: _____ Double-walled, with leak detection? Yes <input type="checkbox"/> If not, explain why not. _____
Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.) <u>~ 80'</u>	Less than 50 feet (20 points) 50 feet or more, but less than 100 feet (10 points) <u>eeul</u> 100 feet or more (0 points)
Wellhead protection area: (Less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources.)	Yes (20 points) No (0 points)
Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.)	Less than 200 feet (20 points) 200 feet or more, but less than 1000 feet (10 points) 1000 feet or more (0 points)
Ranking Score (Total Points) <u>70</u>	

If this is a pit closure: (1) Attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location: (check the onsite box if you are burying in place) onsite ☐ offsite ☐ If offsite, name of facility _____. (3) Attach a general description of remedial action taken including remediation start date and end date. (4) Groundwater encountered: No ☐ Yes ☐ If yes, show depth below ground surface _____ ft. and attach sample results. (5) Attach soil sample results and a diagram of sample locations and excavations

Additional Comments:

After drilling operations are complete, BC Operating will follow NMOCD guidelines for pit closure, including updated forms.

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

Date 3/6/08
Printed Name/Title Pam Botkin Signature Pam Botkin

Your certification and NMOCD approval of this application/closure does not relieve the operator of liability should the contents of the pit or tank contaminate ground water or otherwise endanger public health or the environment. Nor does it relieve the operator of its responsibility for compliance with any other federal, state, or local laws and/or regulations

Approval.
Printed Name/Title CHRIS WILLIAMS/DIST. SUPV Signature Chris Williams Date 4/4/08

New Mexico Office of the State Engineer
POD Reports and Downloads

Township: 19S Range: 34E Sections: 11

NAD27 X: Y: Zone: Search Radius:

County: Basin: Number: Suffix:

Owner Name: (First) (Last) ☐ Non-Domestic ☐ Domestic
☒ All

POD / Surface Data Report

Avg Depth to Water Report

Water Column Report

Clear Form

iWATERS Menu

Help

AVERAGE DEPTH OF WATER REPORT 03/06/2008

Bsn	Tws	Rng	Sec	Zone	X	Y	Wells	(Depth Water in Feet)		
								Min	Max	Avg
L	19S	34E	11				2	123	123	123

Record Count: 2