

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

OCT 01 2008

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

WELL API NO.

30-25-12063

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

B-1431

7. Lease Name or Unit Agreement Name

RHODES YATES UNIT

8. Well Number 007

9. OGRID Number

160825

10. Pool name or Wildcat

RHODES YATES 7 RIVERS

SUMMARY 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 INJECTION

2. Name of Operator

BC OPERATING, INC.

3. Address of Operator

P.O. BOX 50820 MIDLAND, TX 79710

4. Well Location

Unit Letter F : 1650 feet from the NORTH line and 1210 feet from the WEST line

Section 27 Township 26S Range 37E NMPM County LEA, NM

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

Pit or Below-grade Tank Application ☐ or Closure ☐

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐

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.

RETURNED TO ACTIVE INJECTION STATUS 9-5-2008

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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Terri Jennings TITLE SECRETARY DATE 9-23-08

Type or print name

E-mail address:

Telephone No.

For State Use Only

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

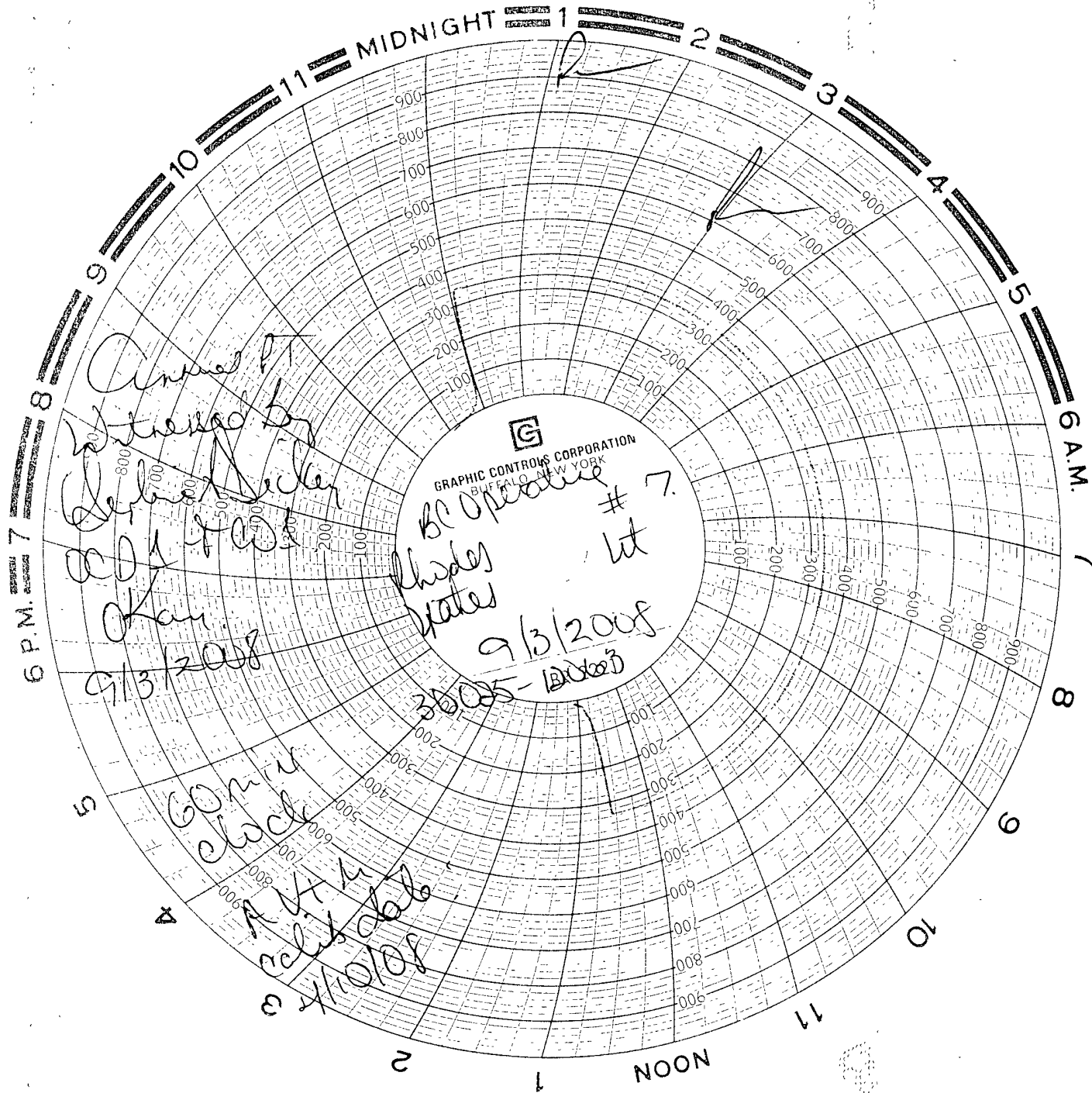
APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

OCT 06 2008



Craig Houston
9/3/8
Berlin chart
Rhodes XOTES #7