Form 3160-5 (February 2005)

DEPARTMENT OF THE INTERIOR

CD-IVIPIS		FORM APPROVED
的 等於例如以2.2.		OMB No. 1004-013
	*	Evnires March 31, 20

OMB I	No.	100	4-0	137
Expires	Ma	irch	31	2003

BUR	EAU OF LAND MANA	GEMENT		5. Lease Serial No.
Do not use this f	OTICES AND REPOR orm for proposals to Use Form 3160-3 (AP	RTS ON WELLS odrill or to re-enter and PD) for such proposal) S.	6 If Indian, Allottee or Tribe Name
SUBMI	IN TRIPLICATE — Other II	nstructions on page 2		7. If Unit of CA/Agreement, Name and/or No
Type of Well Oil Well Gas W	'ell Other		,	8. Well Name and No Litt KhndesB-FedNCT-1#
Name of Operator B C OPERATING, INC.	/			9. API Well No. 30-025-32.099
a Address O BOX 50820 MIDLAND, TX 79710 Location of Well (Footage, Sec., T.,	. 4	b Phone No (include area co 432-683-2950	de)	10 Field and Pool or Exploratory Area Local Jacks Seven River 11. Country or Parish, State
Unit Letter	TISEC 27,	7-265, K-37	E	LEA COUNTY, NEW MEXICO
12 CHEC	K THE APPROPRIATE BOX	((ES) TO INDICATE NATUR	E OF NOTIO	CE, REPORT OR OTHER DATA
TYPE OF SUBMISSION		. TY	PE OF ACT	TON
Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Reco	water Shut-Off amation Well Integrity Other CHANGE OF OPERATOR OPERATOR
Attach the Bond under which the v	ally or recomplete horizontally work will be performed or proved ed operations If the operation Abandonment Notices must be	 give subsurface locations and vide the Bond No. on file with I presults in a multiple completion 	measured as BLM/BIA. If on or recomm	Ite of any proposed work and approximate duration thereof and true vertical depths of all pertinent markers and zones Required subsequent reports must be filed within 30 days oletion in a new interval, a Form 3160-4 must be filed once reclamation, have been completed and the operator has
CHANGE OF OPERATOR EFF	ECTIVE 8-1-07 FROM SMI	TH & MARRS, INC.		
				RECEIVED
				JAN 0 6 2009
				HOBBSOCD
		•		t

14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) MICHAEL BLACK Title	PRESIDENT	APPROVED
Signature // Vincles State Date THIS SPACE FOR FEDERAL		USE NFC 2 0 2008
Approved by Ka	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon	Office	BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE

Title 18 U S C Section 1001 and Title 43 U S C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction