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Form 3160-5 NOV 0.9 2009 UNITED STATES (April 2004) HOBBSO GEPARTMENT OF THE INTERIOR HOBBSO GEPARTMENT OF THE INTERIOR			FORM APPROVED OMB No 1004-0137 Expires March 31, 2007
		,	5 Lease Senal No LC-030174-B
SUNDRY NOTICES AND REI			
Do not use this form for proposals t abandoned well. Use Form 3160 - 3 (o drill or APD) for s	to re-enter an such proposals.	6 If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE- Other insti	ructions o	n reverse side.	7 If Unit or CA/Agreement, Name and/or No
Type of Well Gas Well Other ✓			8 Well Name and No.
2 Name of Operator B C Operating, Inc.	*,		W.H. Rhodes B Federal NCT 1 #14 9 API Well No
3a Address P O Box 50820, Midland, TX 79710	3b Phone No (include area code) 432-684-9696		30-025-21952 10 Field and Pool, or Exploratory Area
4 Location of Well (Footage, Sec., T, R, M, or Survey Description)		.,	Rhodes Yates Seven Rivers
1980' FNL & 864' FWL, UL E Section 26, T26S, R37E			11 County or Parish, State Lea County NM
12. CHECK APPROPRIATE BOX(ES) TO	INDICATE	NATURE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMISSION		·TYPE OF ACTION	*
✓ Notice of Intent	Deepen Fracture 7		(Start/Resume) Water Shut-Off Well Integrity
Subsequent Report Casing Repair	New Con	r - 1	\[\bar{\bar{\bar{\bar{\bar{\bar{\bar{
Final Abandonment Notice Change Plans Convert to Injection	Plug and A		
following completion of the involved operations. If the operation testing has been completed Final Abandonment Notices shall be determined that the site is ready for final inspection.) 1. Pull tubing & lay down. 2. TIH w/ bit & scraper. Clean out to PBTD @ 3270'.	filed only after	Itiple completion or recomple all requirements, including re bsequent sundry rong. when well was a injection	clamation, have been completed, and the operator has
3. RIH w/ packer set @ 3044'.	an anaimmenamananan	and a second	
4. Acidize w/ 3000 gals 80/20 acid.			ADDROVED
5. Pull packer, RIH w/ inj tubing w/ packer set @ 3010'6. Test casing to 500 psi for 30 min.	•		APPROVED
7. Return well to injection.	SUB APP	IECT TO LIKE ROVAL BY STA	- AND MANAGEMEN
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) Tami Parker	,	Title Regulatory Analy	CARLSBAD FIELD UFFICE
Signature Jane Parker		Date	10/20/2009
THIS SPACE FOR F	EDERAL	OR STATE OFFI	CE USE
Approved by	,	PETROLEUM Title	ENGINEER Date DON 0 9 2009
Conditions of approval, if any, are attached Approval of this notice of certify that the applicant holds legal or equitable title to those rights in which would entitle the applicant to conduct operations thereon	does not warra	nt or ase Office	
Title 18 USC Section 1001 and Title 43 USC. Section 1212, make it a States any false, fictitious or fraudulent statements or representations	crime for any as to any matte	person knowingly and willf r within its jurisdiction	ally to make to any department or agency of the United