

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

**RECEIVED**  
JAN 19 2010  
HOBBSUCD

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

WELL API NO. 30-025-12072
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-8580
7. Lease Name or Unit Agreement Name Rhodes Yates Unit
8. Well Number 5
9. OGRID Number 160285 160825
10. Pool name or Wildcat Rhodes Yates Seven Rivers

SUNDRY 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 Well ☒

2. Name of Operator  
B C Operating, Inc

3. Address of Operator  
P O Box 50820 Midland, TX 79710

4. Well Location  
Unit Letter D : 660' feet from the North line and 660' feet from the West line  
Section 27 Township 26S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
2979' DF

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 ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

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

OTHER ☐ OTHER Return to Injection ☒

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.

This well has been returned to injection effective 12/19/09, avg injection 200 bbls per day @ 700 psi

**DENIED**

\* Need Pressure Last Pressure Test  
Spud Date: 10/29/43 Rig Release Date: 12/1/43  
6-2-04  
Camp W. Hill  
575-393-6161

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

EXT-102

SIGNATURE Tami Parker TITLE Regulatory Analyst DATE 1/14/10

Type or print name Tami Parker E-mail address: tparker@blackoakres.com PHONE: (432) 684-9696

For State Use Only

APPROVED BY: TITLE DATE

Conditions of Approval (if any)

**DENIED**