Form 3160-5 (August 2007)

(Instructions on page 2)

OCD-HOBBS

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OMB No. 1004-0137 Expires: July 31, 2010 Lease Serial No

FORM APPROVED

5. Lease Serial No. LC-030174-B

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

		17.1. 27.101 0	uon proposu				
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well			- 1		····		
✓ Qil Well ☐ Gas Wel			8. Well Name and No. W.H. Rhodes B Federal NCT 2 #7				
2. Name of Operator B C Operating, Inc.					9. API Well No. 30-025-32459	/	
P O Box 50820			o. (include area co	de)	10. Field and Pool or Exploratory Area		
Midland, TX 79710	432-684-96	96 ext 253		Rhodes Yates; Seven Rivers			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) 1350 FSL & 1290 FEL, Unit Letter Section 28, T26S-R37E				1	11. Country or Parish, State Lea County, NM		
12. CHECK	THE APPROPRIATE	BOX(ES) TO IN	DICATE NATUR	E OF NOTIC	E, REPORT OR OTHE	ER DATA	
TYPE OF SUBMISSION			PE OF ACTI	TION			
Notice of Intent	Acidize	Dec	epen	Produ	luction (Start/Resume) Water Shut-Off		
	Alter Casing	Fra	cture Treat	Reclar	nation	Well Integrity	
✓ Subsequent Report	Casing Repair	☐ Nev	v Construction	Recon	plete	Other	
	Change Plans Convert to Injection	remporarily h			orarily Abandon		
Final Abandonment Notice		g Back		er Disposal te of any proposed work and approximate duration thereof.			
following completion of the involved testing has been completed. Final Abdetermined that the site is ready for final fin	op. RIH set CIBP @	st be theu only a	iter all requirement	s, including re	x cmt on top.	completed and the operator has	
Cut off wellhead, cut off anchors, install	l P&A marker.				VUCEDIE	D FOR RECORD	
		RECE	IVED		AUULITL		
Accepted as to plugging of the well bore.			2 0in		AUG	G 6 2010	
Liability under bond is retained until		AUG 12 2010					
Surface restoration is comple	HOBBS	OCD		1 LAC	mo		
Reclamation	Due 17-	17-10			BURFAU OF CARLSE	FLAND MANAGEMENT BAD FIELD OFFICE	
14. I hereby certify that the foregoing is true a	and correct Name (Print	ed/Typed)	<u> </u>				
Tami Parker			Title Regulatory Analyst				
Signature Zarni Parker			Date 07/06/2010				
	THIS SPACE	FOR FEDE	RAL OR STA	TE OFFIC	CE USE		
Approved by		1	(DISTDIA)	T & O			
Conditions of approval, if any, are attached. Appear the applicant holds legal or equitable title to nititle the applicant to conduct operations there	o those rights in the subje on.	ect lease which wo	ertify Office		ERVISOR Dat		
Fitle 18 U.S.C. Section 1001 and Title 43 U.S.C Tetitious or fraudulent statements or representa	C. Section 1212, make it attions as to any matter wi	a crime for any pe	erson knowingly and	willfully to m	ake to any department of	r agency of the United States any false,	