

RECEIVED

AUG 12 2010

HOBBS

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-11483

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Winters C

8. Well Number 1

9. OGRID Number

160285

10. Pool name or Wildcat
Langlie Mattix SR-QN-GB

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

2. Name of Operator

B C Operating, Inc

3. Address of Operator

P O Box 50820 Midland, TX 79710

4. Well Location

Unit Letter J : 1980' feet from the South line and 1980' feet from the East lineSection 7Township 25SRange 37E

NMPM

Lea

County

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

3132' GL

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 ☐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.

1. RIH tag TOC @ 2907'

2. Displace wellbore with 10 ppg mud

3. Set CIBP @ 2746' w/ 10' cmt plug (20 sx) top.

4. Spot 100' cement plug from 1150-1050'.

5. Perf 7" csg @ 351' (50' below bottom of surface csg) and circulate cmt to surface inside and out (155 sx)

6. Cut off wellhead and anchors, clean location.

THE OIL CONSERVATION DIVISION MUST
BE NOTIFIED 24 HOURS PRIOR TO THE
BEGINNING OF PLUGGING OPERATIONS

Spud Date:

3/12/53

Rig Release Date:

3/29/53

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

SIGNATURE

TITLE

Regulatory Analyst

DATE 8/10/10

Type or print name

Tami Parker

E-mail address:

tparker@blackoakres.com

PHONE: (432) 684-9696

For State Use Only

APPROVED BY:

TITLE

STAFF MGR

DATE

9-23-10

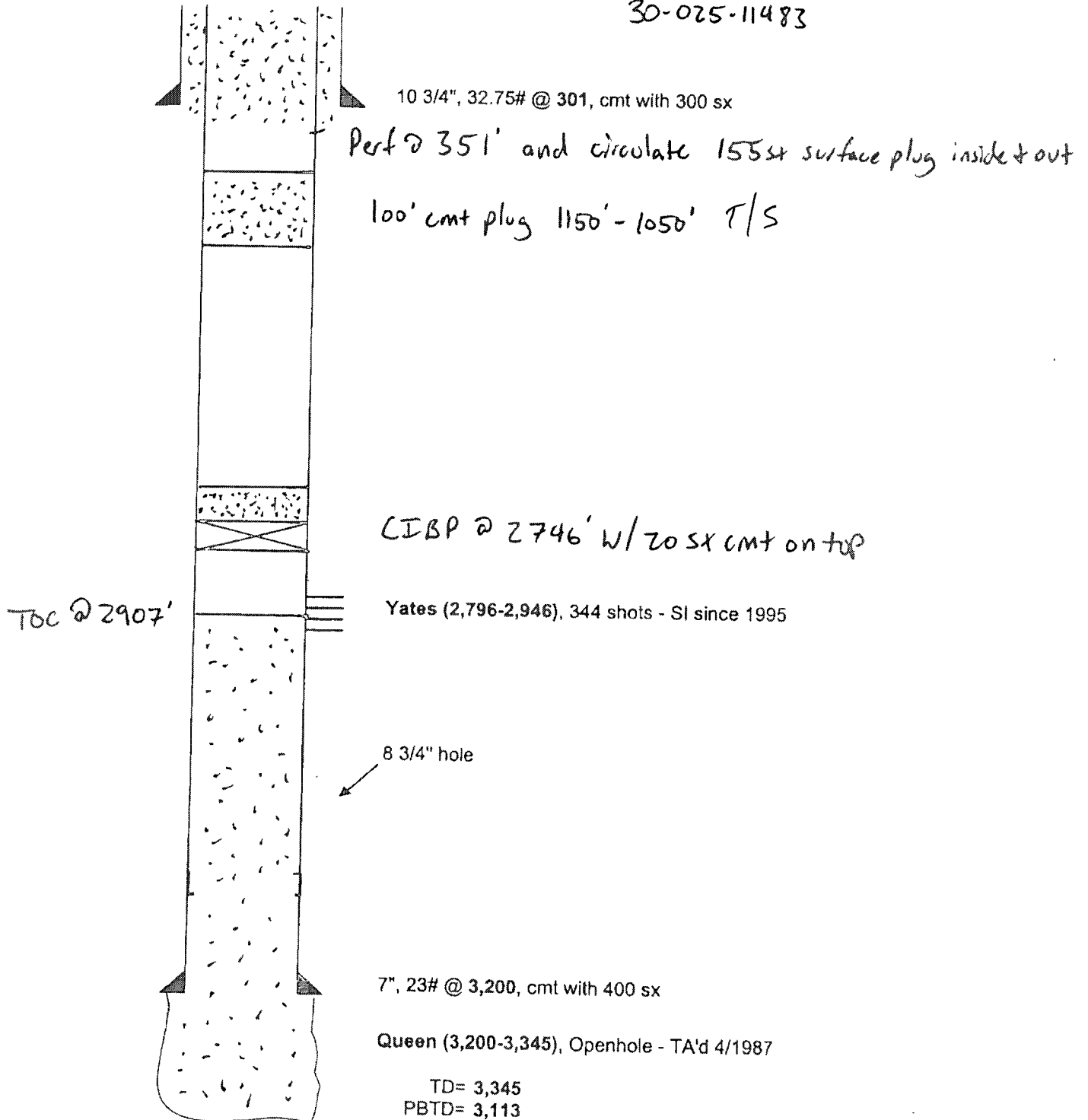
Conditions of Approval (if any):

Proposed PJA
BC Operating, Inc.

FIELD: Jalmat

WELL: Winters C 1

30-025-11483



Updated by HSW
9/22/2010