

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

OIL CONSERVATION DIVISION

SEP 22 2010
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBSOCD

WELL API NO. 30-025-12065
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Rhodes Yates Unit
8. Well Number 6
9. OGRID Number 160285
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 ☐

2. Name of Operator

B C Operating, Inc

3. Address of Operator

P O Box 50820 Midland, TX 79710

4. Well Location

Unit Letter C : 660' feet from the North line and 1980' feet from the West line

Section 27 Township 26S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3142' 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.

Repaired flow line. Well has been returned to injection effective 1/20/10.

Spud Date:

Rig Release Date:

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

SIGNATURE

Star Harrell

TITLE

Regulatory Analyst

DATE 9/21/10

Type or print name Star Harrell

E-mail address: sharrell@blackoakres.com

PHONE: (432) 684-9696

For State Use Only

APPROVED BY:

[Signature]

TITLE

STAFF MGR

DATE 9-27-10

Conditions of Approval (if any):

Am