

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

NOV 16 2010

HOBBS

WELL API NO.

30-025-11482

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

South Langlie Jal Unit

8. Well Number 1

9. OGRID Number

160285

160825

10. Pool name or Wildcat

Jalmat Tansill 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 G : 1980' feet from the North line and 1980' feet from the East lineSection 7 Township 25S Range 37E NMPM Lea County

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

3154' GR; 3160' KB

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. Set CIBP @ 2738' - spot 25 sks cement, WOC.
2. Perf @ 1300'; Set packer @ 620'; squeeze 45 sks @ 1300', WOC.
3. Perf @ 360'; set packer @ 60'; squeeze 135 sks to surface, WOC
4. Cut off wellhead; spot 25 sks cement to surface.
5. Clean location; install P&A marker.

P & A date 10-4-2010

Per SH

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.cmnrd.state.nm.us/oed.

Spud Date:

8/28/53

Rig Release Date:

9/20/53

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

SIGNATURE

TITLE

Regulatory Analyst

DATE 11/15/10

Type or print name

Star Harrell

E-mail address:

sharrell@blackoakres.com

PHONE: (432) 684-9696

For State Use Only

APPROVED BY:

TITLE

STAR HARRELL

DATE 11-17-10

Conditions of Approval (if any):