

Submit 3 Copies To Appropriate District
Office
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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
FEB 21 2011
HOBBSUCD

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.)		WELL API NO. 30-025-12064
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection Well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator B C Operating, Inc		6. State Oil & Gas Lease No. B-1431
3. Address of Operator P O Box 50820 Midland, TX 79710		7. Lease Name or Unit Agreement Name Rhodes Yates Unit
4. Well Location Unit Letter <u>E</u> : <u>1875'</u> feet from the <u>North</u> line and <u>765'</u> feet from the <u>West</u> line Section <u>27</u> Township <u>26S</u> Range <u>37E</u> NMPM Lea County		8. Well Number <u>8</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2980' GL		9. OGRID Number 160285
		10. Pool name or Wildcat Rhodes Yates Seven Rivers

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER <u>Return to Injection</u> <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>	

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.

We plan to open the valve and return this well to injection.

Per Underground Injection Control Program Manual
11.6 C Packer shall be set within or less than 100
feet of the uppermost injection perfs or open hole.

Condition of Approval: Notify OCD Hobbs
office 24 hours prior of running MIT Test & Chart

Spud Date: 7/31/43 Rig Release Date: 8/26/43

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 2/9/11

Type or print name Star Harrell E-mail address: sharrell@bcoperating.com PHONE: (432) 684-9696
For State Use Only

APPROVED BY: [Signature] TITLE SPAA MGR DATE 2-22-2011
Conditions of Approval (if any):

OPERATOR: BC-OPERATING, INC.

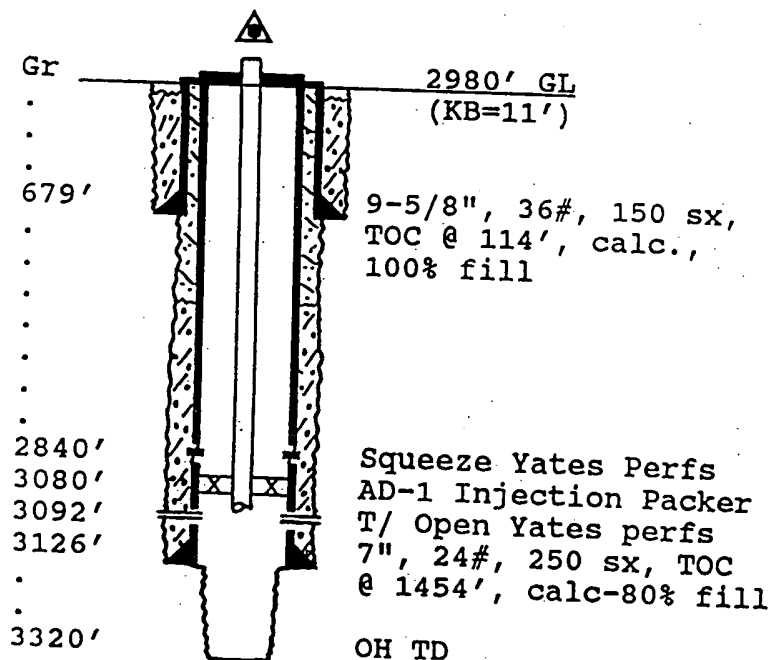
Lease: Rhodes Yates Unit #8

FOOTAGE LOCATION: 1875 FNL X 765 FWL

Sec./Twn/Rng: Unit E, Sec 27, T-26-S, R-37-E

Lea County, New Mexico

SCHEMATIC



Tops:

Salt 1307'-2810'
Yates 2955'
Seven Rivers NR

TABULAR DATA

Surface Casing: Set at 679'

Size 9-5/8", 36# Cemented with 150 sx.

TOC 114 ' determined by calculated

Hole Size 12-1/4" Comp. Date 8-27-43

Intermediate casing: Set at _____

Size NONE Cemented with _____ sx.

TOC _____ ' determined by _____

Hole Size _____

Production Casing: Set at 3126'

Size 7", 24# Cemented with 250 sx.

TOC 1454 ' determined by calculated

Hole Size 8-3/4"

Injection Interval:

3092' to 3320' through: OH, Perforations

Tubing: 2-3/8", 4.7#, J-55, IPC 2000# WP