

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

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HOBBSDO

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-27233

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name  
Rock Lake 15

8. Well Number 1

9. OGRID Number

160285

10. Pool name or Wildcat

Jalmat (Yates)

## 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 ☐ Injection Well ☐

2. Name of Operator

B C Operating, Inc

3. Address of Operator

P O Box 50820 Midland, TX 79710

4. Well Location

Unit Letter H : 1980' feet from the North line and 330' feet from the East line

Section 15 Township 22S Range 35E NMPM Lea County

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

3593' 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 Add perms ☒

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.

RIH w/ cmt retainer set @ 3960', squeeze perms 3972-4058 w/ 50 sx cmt to 1000 psi.

Perf 3938-3944' &amp; 3910-3932' w/ 2 SPF 60 degree phasing.

Acidize w/ 1000 gals 15% HCl.

Frac w/ 70,000# 20/40 in 35,161 gal gel, flush to top perf.

Clean out to PBTD @ 3950'.

RIH w/ production equipment, return well to production on 10/28/10.

Spud Date:

02/10/81

Rig Release Date:

02/17/81

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

SIGNATURE

TITLE

Regulatory Analyst

DATE 11/08/10

Type or print name Star Harrell

E-mail address: sharrell@blackoakres.com

PHONE: (432) 684-9696

For State Use Only

ext #253

APPROVED BY:

TITLE

PETROLEUM ENGINEER

DATE

MAR 08 2011

Conditions of Approval (if any):

COK