

OCD-ARTESIA

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an  
abandoned well. Use form 3160-3 (APD) for such proposals.*

5. Lease Serial No.  
NMNM0506A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
POKER LAKE SWD 043

9. API Well No.  
30-015-21700

10. Field and Pool or Exploratory Area  
SWD; DELAWARE

11. County or Parish, State  
EDDY COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other: INJECTION

2. Name of Operator  
BOPCO LP  
Contact: TRACIE J CHERRY  
E-Mail: tjcherry@basspet.com

3a. Address  
P O BOX 2760  
MIDLAND, TX 79702

3b. Phone No. (include area code)  
Ph: 432-683-2277

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 21 T24S R31E Mer NMP SWSW 660FSL 660FWL

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

BOPCO, LP respectfully submits this sundry notice to report an MIT was performed on the referenced well.

10/26/2016

Well was pressure tested and held a constant 500 lbs for 30 minutes. Test witnessed by NMOCD Compliance Officer Richard Inge. Test chart retained by NMOCD.

Well was returned to routine operations.

Accepted for record  
NMOCD  
5/17/17

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #358297 verified by the BLM Well Information System  
For BOPCO LP, sent to the Carlsbad  
Committed to AFMSS for processing by DEBORAH MCKINNEY on 11/18/2016 ()

Name (Printed/Typed) TRACIE J CHERRY

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*