

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTJUN - 9 2009  
OCD-ARTESIAFORM APPROVED  
OMB No 1004-0137  
Expires: March 31, 2007Correction *RM*

## 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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
BOPCO, L.P.3a. Address  
P.O. Box 2760 Midland TX 797023b. Phone No. (include area code)  
(432)683-22774. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
UL D, SEC 8, T24S, R30E, 660' FNL & 660' FWL5. Lease Serial No.  
NMLC068431

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Poker Lake Unit #178

9. API Well No.

30-015-32052

10. Field and Pool, or Exploratory Area

Nash Draw (Delaware/BS/ Avalon Sand)

11. County or Parish, State

Eddy County

NM

## 12. CHECK 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 checked="" 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 checked="" type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input 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 checked="" type="checkbox"/> Other Add Delaware
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	perfs
	<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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall 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, L.P. respectfully wishes to report the correction of perfs, previously reported on April 13, 2009, as follows:

03/19/2009 RU Baker Atlas. Set CIBP @ 6950'. Perf Delaware 6812'-6817' & 6875'-6880', 20 holes. RD Baker Atlas.  
03/20/2009 Basic pumped 120 bbls 2% KCl, 4 bbls 7-1/2% HCl, 38.7 bbls 2% KCl. PUH w/ EOT @ 6712'. Pumped 1000 gals 7-1/2% HCl + (30) 7/8" 1.3 sg balls evenly spaced to divert down tbg w/ acid 4 bbls from EOT closed casing. Saw good ball action. Displaced acid 2 bbls past bottom perf w/ 44.8 bbls 2%. RIH w/ EOT @ 6890'. RD.  
03/24/2009 MIRU. POOH w/ rods. POOH w/ tubing.  
03/26/2009 RU Cudd to frac Delaware 6812'-6880' perfs. Pumped frac down 5-1/2" csg w/ 22777 gals Bfrac 30 w/ 83689 lbs 16/30 sand (63776 lbs Ottawa, 19913 lbs SLC tail sand). Flushed w/ 6758 gals 30 lb linear gel. RD Cudd.  
03/27/2009 Circulate out sand to CIBP @ 6950'. Pumped 30 bbls 2% KCl down tbg. POOH w/ tbg SWI.  
03/31/2009 RIH w/ BHA & tbg to set TAC in 10,000 lbs tension with SN @ 6524', TAC @ 6367' & BP in tailpipe of tbg @ 6617'.

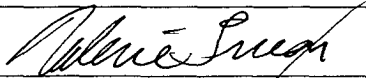
Well test pumping 25 BO, 85 BW, 48 MCF, TP 250 psi, LP 37 psi, CP 50 psi on wide open choke.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Valerie Truax

Title Regulatory Admin Assistant

Signature



Date 05/07/2009

ACCEPTED FOR RECORD

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date JUN 6 2009

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.

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE*me*