

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

CORRECTION
FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

RECEIVED

DEC - 2 2009

NMOCD ARTESIA

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)
NENE, UL A, 750' FNL, 330' FEL, Sec 17, T21S, R29E7. If Unit or CA/Agreement, Name and/or No
NMNM71016X8 Well Name and No
Golden Lane 17 Federal #2Y9. API Well No.
30-015-3571210 Field and Pool, or Exploratory Area
Golden Lane, S (Delaware)11 County or Parish, State
Eddy
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 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"/> Fracture Treat	<input checked="" 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 Interim
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Reclamation
	<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, LP respectfully wishes to report the interim reclamation of the above captioned wellsite in keeping with the approved "Multi-Point Surface Use Plan" and the BLM as follows:

09/26-29/09: Initial location of 350' x 250' (84,108 square ft). Total reclaimed area is 36,958 square ft and location downsized to 47,150 square ft. The reclaimed area was graded and contoured to blend with the surrounding topography. Hauled approximately 1772 yds caliche from location. Total of 516 yds was hauled to the caliche pit west of Capitan well. Remaining (1256 yds) caliche/sand mix was hauled to the BLM pit. The location will be seeded in the spring.

Site is ready for interim reclamation inspection.

ACCEPTED FOR RECORD

NOV 27 2009

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

Valerie Truax

Title Regulatory Admin Assistant

Signature

Date 11/09/2009

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by: _____
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.

Title
Office

Date

Title 18 USC Section 1001 and Title 43 USC 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)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB No. 1004-0137
Expires March 31, 2007

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) 683-2277

4 Location of Well (Footage, Sec., T., R., M., or Survey Description)

NENE, UL A, 750' FNL, 330' FEL, Sec 17, T21S, R29E

5 Lease Serial No

NMNM2918

6 If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No
NMNM71016X

8 Well Name and No

Golden Lane 17 Federal #2Y

9 API Well No

30-015-35712

10 Field and Pool, or Exploratory Area
Golden Lane, S (Delaware)

11 County or Parish, State

Eddy
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 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"/> Fracture Treat	<input checked="" 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 Interim
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Reclamation
	<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, LP respectfully wishes to report the interim reclamation of the above captioned wellsite in keeping with the approved "Multi-Point Surface Use Plan" and the BLM as follows:

09/26-29/09. Initial location of 350' x 250' (87,500 square ft) was downsized to a total reclaimed area of 250' x 200' (36,900 square ft). The reclaimed area was graded and contoured to blend with the surrounding topography. Hauled approximately 1412 yds caliche from location and used 360 yds for road repair. Remaining (1052 yds) caliche/sand mix was hauled to the BLM pit. The location will be seeded in the spring.

Site is ready for interim reclamation inspection.

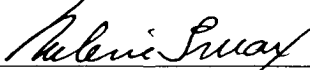
14 I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Valerie Truax

Title Regulatory Admin Assistant

Signature



Date 11/09/2009

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)

RECEIVED

OPERATOR COPY

Form 3160-18
(October, 1999)

AUG 14 2009

Number 09-BJB-127

Page of

☒ Certified Notice
 Receipt Requested
 70081830000080714423

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NOTICE OF WRITTEN ORDER**

IDENTIFICATION	
IID	
Lease	NMNM02918
CA	
Unit	
PA	

Bureau of Land Management Office CARLSBAD FIELD OFFICE				Operator BEPCO LP			
Address 620 E GREENE STREET CARLSBAD NM 88220				Address P O BOX 2760 MIDLAND TX 79702			
Telephone 575-234-2230				Attention			
Inspector BALLARD				Attn Addr			
Site Name GOLDEN LANE 17 FEDERAL	Well or Facility 2Y	1/4 1/4 Section NENE 17	Township 21S	Range 29E	Meridian NMP	County EDDY	State NM
Site Name	Well or Facility	1/4 1/4 Section	Township	Range	Meridian	County	State
Site Name	Well or Facility	1/4 1/4 Section	Township	Range	Meridian	County	State

The following condition(s) were found by Bureau of Land Management Inspectors on the date and at the site(s) listed above

Date	Time (24-hour clock)	Corrective Action to be Completed by	Date Corrected	Authority Reference
08/10/2009	10:04	11/10/2009	09/29/09	43 cfr 3162 5-1 b

Remarks

The following action needs to be corrected before approval can be granted.

1. Perform interm reclamation on this well. This means downsizing location to an adequate size for operation. According to onshore oil and gas order number one this must be done within six months after completion of well. Well was completed 8/25/2007.
2. If you have any questions or concerns you can call me Bob Ballard (575)234-2230. Send in a sundry 3160-5 when reclaiamtion is ready for inspection.

When the Written Order is complied with, sign this notice and return to above address

Company Representative Title Reg Administrative Asst Signature [Signature] Date 11/09/09

Company Comments

Warning

The Authorized Officer has authority to issue a Written Order in accordance with 43 CFR 3161.2. Written Order correction and reporting time frames begin upon receipt of this Notice or 7 business days after the date it is mailed, whichever is earlier. Each stipulation must be corrected within the prescribed time from receipt of this Notice and reported to the Bureau of Land Management Office at the address shown above. If you do not comply as noted above under "Corrective Action to be Completed By", you shall be issued an Incident of Noncompliance (INC) in accordance with 43 CFR 3163.1(a). Failure to comply with the INC may result in assessments as outlined in 43 CFR 3163.1 and may also incur civil penalties (43 CFR 3163.2). All self-certified corrections must be postmarked no later than the next business day after the prescribed time frame for correction.

Section 109(d)(1) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at Title 43 CFR 3163.2(f)(1), provides that any person who "knowingly or willfully" prepares, maintains, or submits false, inaccurate, or misleading reports, notices, affidavits, records, data, or other written information required by this part shall be liable for a civil penalty of up to \$25,000 per violation for each day such violation continues, not to exceed a maximum of 20 days.

Review and Appeal Rights

A person contesting a decision shall request a State Director review of the Written Order. This request must be filed within 20 working days of receipt of the Notice with the appropriate State Director (see 43 CFR 3165.3). The State Director review decision may be appealed to the Interior Board of Land Appeals, 801 North Quincy Street, Suite 300, Arlington, VA 22203 (see 43 CFR 3165.4). Contact the above listed Bureau of Land Management office for further information.

Signature of Bureau of Land Management Authorized Officer <u>[Signature]</u>	Date 8-10-09	Time 10:31
---	-----------------	---------------

FOR OFFICE USE ONLY

Number 6	Date	Type of Inspection ES
-------------	------	--------------------------