

STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

APPLICATION OF BOPCO, L.P. FOR APPROVAL
OF A PILOT WATERFLOOD PROJECT IN THE
DELAWARE FORMATION IN THE POKER LAKE
UNIT, EDDY COUNTY, NEW MEXICO.

Case No. 14,552

AFFIDAVIT OF NOTICE

COUNTY OF SANTA FE)
) ss.
STATE OF NEW MEXICO)

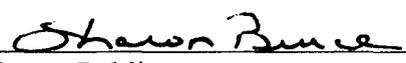
James Bruce, being duly sworn upon his oath, deposes and states:

1. I am over the age of 18, and have personal knowledge of the matters stated herein.
2. I am an attorney for BOPCO, L.P.
3. Applicant has conducted a good faith, diligent effort to find the names and correct addresses of the offset operators, offset working interest owners, and surface owner entitled to receive notice of the application filed herein.
4. Notice of the application was provided to the offset and surface owners, at their correct addresses, by certified mail. Copies of the notice letter and certified return receipts are attached hereto as Exhibit A.
5. Applicant has complied with the notice provisions of Form C-108, and Division Rules NMAC 19.15.4.9 and 19.15.4.12.C.


James Bruce

SUBSCRIBED AND SWORN TO before me this 26th day of October, 2010 by James Bruce.

My Commission Expires: 3/14/13


Notary Public

Oil Conservation Division
Case No. 15 14552
Exhibit No.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

September 9, 2010

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

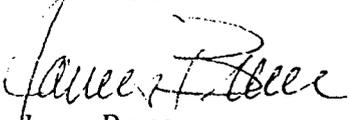
Bureau of Land Management
620 East Greene
Carlsbad, New Mexico 88220

Ladies and gentlemen:

Enclosed is a copy of an application for approval of a pilot waterflood project in the Poker Lake Unit, filed with the New Mexico Oil Conservation Division by BOPCO, L.P., involving four wells located in Sections 5 and 6, Township 24 South, Range 30 East, N.M.P.M., Eddy County, New Mexico. This matter is scheduled for hearing at 8:15 a.m. on Thursday, September 30, 2010, at the Division's offices at 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. As an interested party, you have the right to enter an appearance and participate in the case. Failure to appear will preclude you from contesting this matter at a later date.

You are required to notify (in writing) the Division, and the undersigned, by Thursday, September 23, 2010 if you intend to participate at the hearing.

Very truly yours,


James Bruce

Attorney for BOPCO, L.P.

cc: Oil Conservation Division
1301 West Grand Avenue
Artesia, New Mexico 88210

EXHIBIT 

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$ 2.07
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 2.30
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 7.17

Sent To
 Oil Conservation Division
 1301 West Grand Avenue
 Artesia, New Mexico 88210



PS Form 3800, August 2006 See Reverse for Instructions

9472 7654 7000 0050 8002

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Oil Conservation Division
 1301 West Grand Avenue
 Artesia, New Mexico 88210

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
 B. Received by (Printed Name): *[Name]*
 C. Date of Delivery: *[Date]*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
1301 W. Grand

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number
 (Transfer from service label)
 7006 0500 0001 4591 7146

Domestic Return Receipt: *[Signature]*
 PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 Bureau of Land Management
 620 East Greene
 Carlsbad, New Mexico 88220

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*
 B. Received by (Printed Name): *[Name]*
 C. Date of Delivery: *[Date]*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number
 (Transfer from service label)
 7006 0500 0001 4591 7139

Domestic Return Receipt: *[Signature]*
 PS Form 3811, February 2004

102595-02-M-1540

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6572 7654 7000 0050 8002