

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO 1004-0135
Expires July 31, 2010**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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC068284
2. Name of Operator BOPCO, L.P. ✓		6. If Indian, Allottee or Tribe Name
Contact: SANDRA J BELT E-Mail: sjbelt@basspet.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P O BOX 2760 MIDLAND, TX 79707	3b. Phone No. (include area code) Ph: 432-686-2999 Ext: 149 Fx: 432-687-0329	8. Well Name and No. NORTH INDIAN FLATS 24 FEDERAL 15
4. Location of Well (Footage, Sec, T, R, M, or Survey Description) UL D Sec 24 T21S R28E NWNW 330FNL 660FWL 32.472006 N Lat, 104.045975 W Lon ✓		9. API Well No. 30-015-39137 ✓
		10. Field and Pool, or Exploratory INDIAN FLATS
		11. County or Parish, and 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 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 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
	<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 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 requests to remove the "H" from the well number showing the lease name and well number as North Indian Flats 24 Federal #15.

**SUBJECT TO LIKE
APPROVAL BY STATE**Accepted for record - NMOCD
DSD 8-10-11**RECEIVED**
AUG 4 2011
NMOCD ARTESIA*Change of Plans - Well will not be drilled Horizontally - Per operator*

14. I hereby certify that the foregoing is true and correct. Electronic Submission #114003 verified by the BLM Well Information System For BOPCO, L.P., sent to the Carlsbad	
Name (Printed/Typed) SANDRA J BELT	Title SR. REGULATORY CLERK
Signature (Electronic Submission)	Date 07/27/2011

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <i>J.D.W. Little</i>	Title <i>LPET</i>	Date <i>7/31/11</i>
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 <i>CFO</i>

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

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED *****(Signature)*