

OCD-ARTESIA
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)

Surface: NWSW, UL(L), 2,400' FSL, 305' FWL, Sec 12, T24R30E Lat N32.231639, Long W103.841478
Bottom Hole: 2,295' FSL, 715' FWL, Sec 2, T24S, R30E, Lat N32.245781, Lg W103.857458

5. Lease Serial No.

LC068905, E5229

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMMN71016X

8. Well Name and No.

Poker Lake Unit #328H

9. API Well No

30-015-36923-39293

10. Field and Pool, or Exploratory Area
Quahada Ridge NW (Delaware)

11. County or Parish, State

Eddy County New Mexico

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

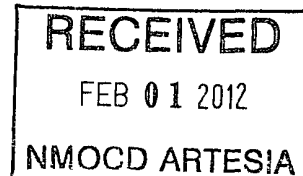
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> 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 Certify Armored flex hose
	<input checked="" 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 the changes listed below be approved for the above captioned well.

BOPCO, L.P. would like to utilize an armored, 3" 5,000 psi WP flex hose for the choke line in the drilling of the well. This is rig equipment and will help quicken nipple up time thus saving money with out a safety problem. The hose itself is rated to 5,000 psi and has 5,000 psi flanges on each end. The well is to be drilled to 14,838' MD 7,855' TVD and max surface pressure should be +/- 2,029 psi as prescribed in onshore order #2 shown as 0.22 psi/ft. Thus, 2,000 psi BOPE for (12-1/4" hole) and 3,000 psi BOPE (for 8-3/4" and 6-1/8" hole) is all that is needed for this well.

The Aquila #4 BOPE diagram (5,000 psi as specified within the approved APD) is attached along with spec sheet and drawing of the 3" flex hose.

Accepted for record
NMOCDSEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

Stephen Ordoyne

Title Drilling Engineer

Signature

Date

1/4/12

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 JAN 30 2012

/s/ Chris Walls

BUREAU OF LAND MANAGEMENT

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)



Midwest Hose
& Specialty, Inc.

INTERNAL HYDROSTATIC TEST REPORT		
Customer: Fort Worth		P.O. Number: 115975
HOSE SPECIFICATIONS		
Type: Grade E	Length: 20'	
I.D. 3" INCHES	O.D. 4 55/64-4 55/64 INCHES	
WORKING PRESSURE 10,000 PSI	TEST PRESSURE 15,000 PSI	BURST PRESSURE PSI
COUPLINGS		
Stem Part No. 48-10K	Crimp Specifications: 5 20/64- 5 20/64	
Type of Coupling: 3 1/16th 10K Flange	Die Size: 5.25	
PROCEDURE		
<i>Hose assembly pressure tested with water at ambient temperature.</i>		
TIME HELD AT TEST PRESSURE 15 MIN.	ACTUAL BURST PRESSURE: n/a PSI	
COMMENTS:		
SO# 107388		SERIAL# 5212
Date: 11/22/2011	Tested By: Donnie Mclemore	Approved By: Kim Thomas



Midwest Hose
& Specialty, Inc.

Internal Hydrostatic Test Report

November 22, 2011

Customer: Fortworth

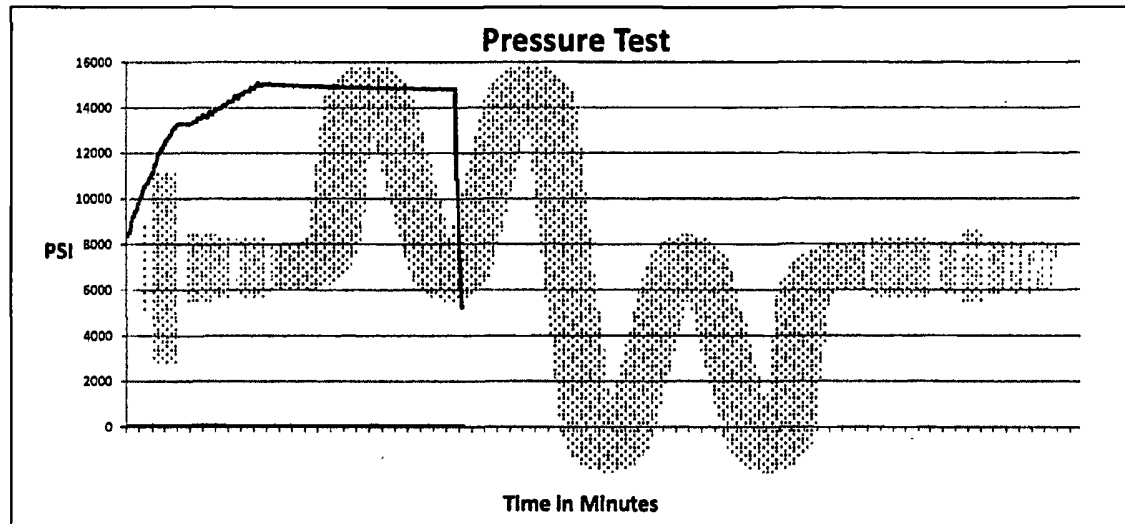
Purchase Order: 115975

Hose Specifications

<u>Hose Type</u>	<u>Length</u>
E	20' CK
<u>I.D.</u>	<u>O.D.</u>
3"	4 55/64
<u>Working Pressure</u>	<u>Burst Pressure</u>
10000 PSI	Standard Safety Multiplier Applies

Verification

<u>Type of Fitting</u>	<u>Coupling Method</u>
3 1/16 10K	Swage
<u>Die Size</u>	<u>Final O.D.</u>
5.25	5 5/16
<u>Serial #</u>	<u>Sales Order</u>
5212	107388



Test Pressure
15000 PSI

Time Held at Test Pressure
2 1/4 Minutes

Actual Burst Pressure

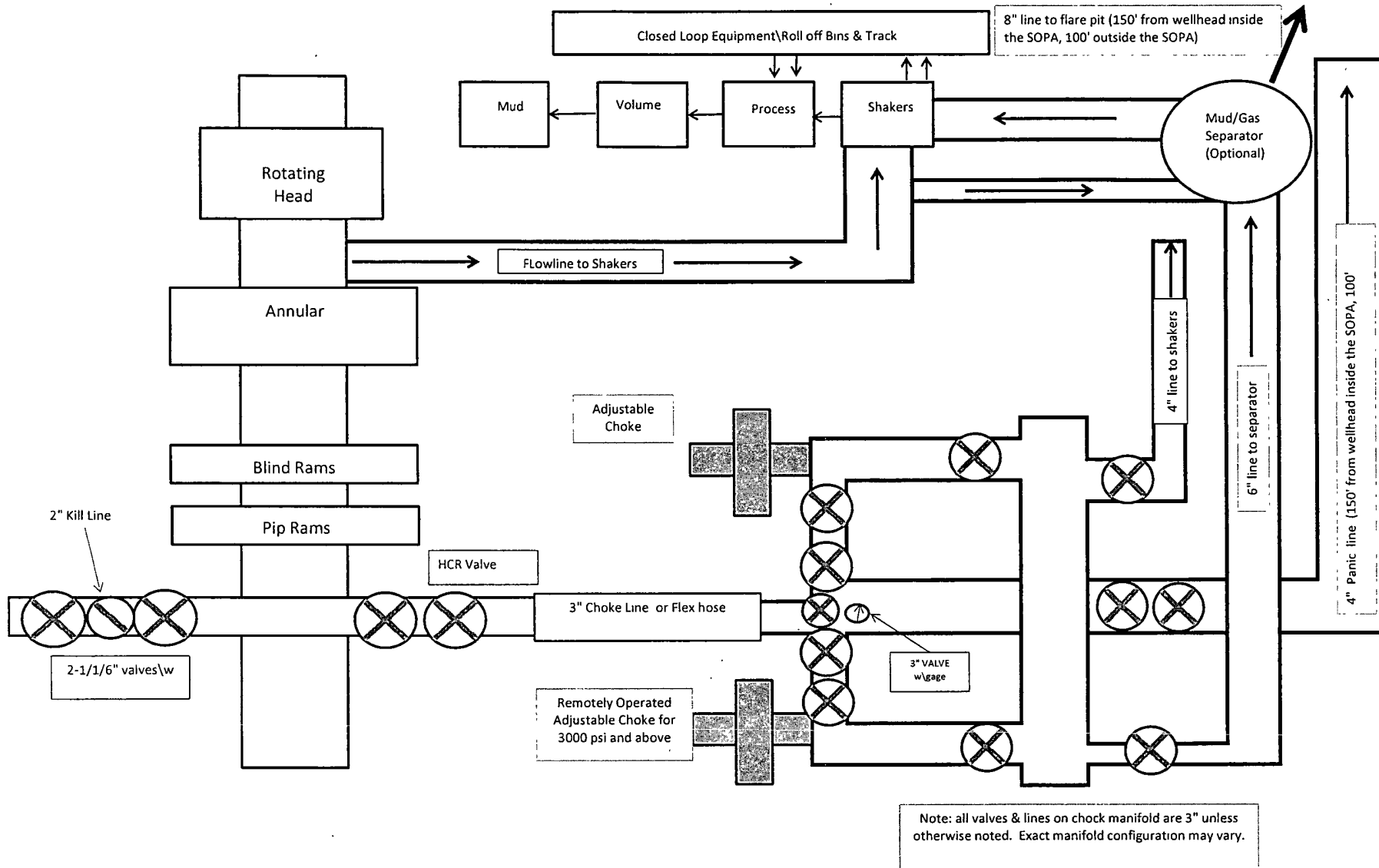
Peak Pressure
15131 PSI

Comments: Hose assembly pressure tested with water at ambient temperature.

Tested By: Donnie McLemore

Approved By: Kim Thomas

x *Donnie McLemore* x *Kim Thomas*



13-5/8" X 5-M BOPE (2 Rams and Rotating Head) & Closed Loop System Equipment Schematic Diagram 2

Co-Flex line
Conditions of Approval

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).