

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-015-40341
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name PLU Remuda Basin 32 23 30 <i>State</i> (310448)
8. Well Number 001H
9. OGRID Number 001801
10. Pool name or Wildcat Forty-Niner Ridge; Bone Spring, W

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
BOPCO, L.P.

3. Address of Operator
P. O. Box 2760
P.O. Box 2760
Midland, TX 79702

4. Well Location
Unit Letter M : 150 feet from the South line and 660 feet from the West line
Section 32 Township 23S Range 30E NMPM County Lee

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR: 3241

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Potential Test <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

BOPCO, L.P. submits these potential test on the referenced well:

Date of Test: 09-19-12
 Hours Tested: 24
 Production Method: Flowing
 Choke size: 42/64
 Oil: 322
 Gas: 2355
 Water: 2181
 FTP: 840



Spud Date: 06/12/2012

Rig Release Date: 07/10/2012

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Tracie J Cherry* TITLE Sr. Regulatory Analyst DATE 12/05/2012

Type or print name Tracie J Cherry E-mail address: tjcherry@basspet.com PHONE: (432)683-2277

For State Use Only

APPROVED BY: *RD* TITLE Dist & Supervisor DATE 12/13/12

Conditions of Approval (if any):