

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM 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  Other

2. Name of Operator **BOPCO, L. P.**

3a. Address  
**P. O. Box 2760 Midland, TX 79702**

3b. Phone No. (include area code)  
**432-683-2277**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**SHL: NENE, UL A, 1175' FNL, 10' FEL, Sec 35, T19S-R31E Lat N32.620864, Lg W103.830839**  
**BHL: 380' FNL, 1155' FEL, Sec 34, T19S-R31E Lat N32.623019, Lg W103.851725**

5. Lease Serial No.  
**NM 02447**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
**Big Eddy Unit 68294X**

8. Well Name and No.  
**Big Eddy Unit 248H**

9. API Well No.  
**30-015-40714**

10. Field and Pool, or Exploratory Area  
**WC Williams Sink (Bone Spring)**

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"/> Subsequent Report	<input checked="" type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<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
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input type="checkbox"/> Other

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 change surface and 1st intermediate casing designs. The changes are as follows:**

**Conductor: A 36" hole will be drilled with 30" conductor pipe set @ 120' (GL)**

**Surface: The surface hole will be changed from a 26" to an 18-1/8" hole with 16", 84 ppf, J-55, BTC set @ 1,191'. The casing safety factors will be as follows: Tension: 15.42 Collapse: 2.42 Burst: 2.83**

**1st Intermediate: The 1st intermediate hole will be changed from a 17-1/2" to 14-3/4" hole with 13-3/8", 68 ppf, HCL-80, UFL set @ 2,880'. The casing safety factors will be as follows: Tension: 4.37 Collapse: 1.70 Burst: 3.12**

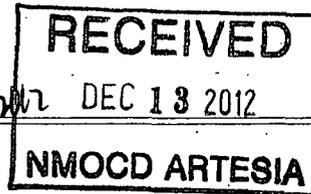
**The cement slurries that were approved in the original 8 pt drilling program will remain the same. The calculated volumes for the new hole sizes will be as follows:**

**Surface: Lead - 650 sks, Tail - 200 sks**  
**1st Intermediate: Lead - 460 sks, Tail - 190 sks**

Accepted for record

NMOCD

*original COA still stands*



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

**Christopher Giese**

Title **Drilling Engineer**

Signature

*Christopher Giese*

Date **12/03/12**

**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

**APPROVED**

**DEC 11 2012**

*Jennifer Mason*

BUREAU OF LAND MANAGEMENT  
 CARLSBAD FIELD 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.