|                                                                                     | (607) UNITED STATES NMOCD<br>DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT Artesia |                                             |                           |                                   |                   | FORM APPROVED<br>OMB NO. 1004-0135<br>Expires: July 31, 2010<br>5. Leuse Serial No. |                              |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------|-----------------------------------|-------------------|-------------------------------------------------------------------------------------|------------------------------|
| De                                                                                  | o not use this                                                                               | OTICES AND REPO                             | o drill or to r           | re-enter an                       |                   | NMLC064894<br>6. If Indian, Allottee                                                | or Triba Nama                |
| aba<br>                                                                             | ndoned well.                                                                                 | Use form 3160-3 (AF                         | 'D) for such              | proposals.                        | ····              |                                                                                     |                              |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                          |                                                                                              |                                             |                           |                                   |                   | <ol> <li>If Unit or CA/Agreement, Name and/or No.<br/>891000303X</li> </ol>         |                              |
| I. Type of Well       B Oil Well       □ Gas Well       □ Other                     |                                                                                              |                                             |                           |                                   |                   | 8. Well Name and No.<br>POKER LAKE UNIT 423H                                        |                              |
| 2. Name of Operator<br>BOPCO LP E-Mail: tjcherry@basspet.com                        |                                                                                              |                                             |                           |                                   |                   | 9. API Well No.<br>30-015-40710-00-S1                                               |                              |
| 3a. Address<br>P O BOX 2760<br>MIDLAND, TX 79                                       |                                                                                              |                                             | 3b. Phone N<br>Ph: 432-2  | vo. (include area cod<br>221-7379 | le)               | 10. Field and Pool, or<br>CORRAL CAN                                                | Exploratory<br>YON           |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)              |                                                                                              |                                             |                           |                                   |                   | 11. County or Parish, and State                                                     |                              |
| Sec 19 T25S R30                                                                     | E NESE 1750                                                                                  | FSL 880FEL                                  |                           |                                   |                   | EDDY COUNT                                                                          | Y, NM                        |
| 12. Cl                                                                              | HECK APPRO                                                                                   | OPRIATE BOX(ES) T                           | O INDICAT                 | E NATURE OF                       | NOTICE, R         | EPORT, OR OTHE                                                                      | R DATA                       |
| TYPE OF SUBM                                                                        | ISSION                                                                                       | <b>.</b>                                    |                           | ТҮРЕ С                            | OF ACTION         |                                                                                     | <u></u>                      |
| Notice of Intent                                                                    |                                                                                              | Acidize Deepen                              |                           |                                   | Product           | tion (Start/Resume)                                                                 | UWater Shut-Off              |
| Subsequent Repo                                                                     | ort                                                                                          | Alter Casing                                | -                         | acture Treat                      | 🗖 Reclam          |                                                                                     | □ Well Integrity             |
|                                                                                     |                                                                                              | Casing Repair Change Plans                  | _                         | ew Construction                   | Recom             | plete<br>arily Abandon                                                              | Other<br>Venting and/or Flat |
| 🗖 Final Abandonm                                                                    | CHILINUICE                                                                                   | Convert to Injection                        |                           | ig and Abandon                    | · D Water I       | •                                                                                   | ng                           |
| 90-days, July - Śe<br>Well as this batter<br>Poker Lake Unit 4<br>Poker Lake Unit 4 | y are the follov<br>22H / 30-015-4                                                           | ving:<br>41056-00-S1                        |                           | -                                 |                   | Accepted for<br>NHOCE<br>CHED FOR<br>NS OF APPR                                     | )                            |
| Estimated amount intermittent and is                                                | t to flare is 200<br>necessary due                                                           | MCFD, depending on e to restricted pipeline | pipeline con<br>capacity. | ditions. Flaring v                | vill be           |                                                                                     | ISERVATION                   |
|                                                                                     | -                                                                                            | or to flaring, allocated I                  |                           | well and reporte                  | ed on monthly     | ARTESIA                                                                             | DISTRICT                     |
| 14. I hereby certify that t                                                         | Ē                                                                                            | Electronic Submission #                     | BOPCO LP. s               | ent to the Carlsb                 | ad /              | System REC                                                                          | EIVED                        |
| Name(Printed/Typed)                                                                 |                                                                                              |                                             |                           |                                   | LATORY-AN         | 4/ <del>.</del> ¥ST                                                                 |                              |
| Signature                                                                           | (Electronic Sub                                                                              | · · · · · · · · · · · · · · · · · · ·       |                           | Date 07/31/2                      |                   | ED FOR REC                                                                          |                              |
|                                                                                     |                                                                                              | THIS SPACE FO                               | )R FEDER                  | AL OR STATE                       |                   | SE 6 2015                                                                           | 1 // A                       |
|                                                                                     |                                                                                              | Approval of this notice does                |                           |                                   | BURNAU            |                                                                                     |                              |
|                                                                                     | lds legal or equita                                                                          | ble title to those rights in the            |                           | Office                            |                   | SBAD FIELD OFFICE                                                                   |                              |
| ······································                                              |                                                                                              | C. Section 1212, make it a                  | crime for any r           | erson knowingly an                | d willfully to ma | ke to any department or                                                             | annu of the United           |
| Title 18 U.S.C. Section 100<br>States any false, fictitious                         | or fraudulent stat                                                                           | ements or representations as                | to any matter v           | within its jurisdiction           | ı, <u> </u>       |                                                                                     | agency of the Office         |

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## Additional data for EC transaction #311160 that would not fit on the form

## 32. Additional remarks, continued

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production reports

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## **Flaring Conditions of Approval**

1. Report all volumes on OGOR B as disposition code 08.

2. Comply with NTL-4A requirements

3. Subject to like approval from NMOCD

4. Flared volumes will still require payment of royalties

5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.

6. This approval does not authorize any additional surface disturbance.

7. Submit updated facility diagram as per Onshore Order #3.

8. Approval not to exceed 90 days from date requested on sundry.

9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).

10. If flaring is still required past 90 days submit new request for approval.

11. If a portable unit is used to flare gas it must be monitored at all times.

12. Comply with any restrictions or regulations when on State or Fee surface.

## **JAM 100215**.