Form 3160-5 (April 2004) MA OCD.

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007

· Ληγ \	NOTICES AND REF		:1 (8	5. Lease Serial No. NMLC 059365
4p <007 Do not use th	is form for proposals to all. Use Form 3160-3 (A	drill or to re-	enter an	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE- Other instructions on reverse side. 1. Type of Well Gas Well Other				7. If Unit or CA/Agreement, Name and/or No. NMNM 68294X -
The state of the s				8. Well Name and No.
2. Name of Operator BEPCO, L. P.				9. API Well No.
3a. Address P. O. Box 2760 Midland, TX 79702		3b. Phone No. (include area code) 432-683-2277		30-015-35169 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Fenton Draw (Morrow)
660 FNL, 1830 FWL, S17, T21S, R28E, NMP, SME BLM				11. County or Parish, State Eddy County, NM
12. CHECK AI	PPROPRIATE BOX(ES) TO	INDICATE NATU	RE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION				
Notice of Intent ✓ Subsequent Report ☐ Final Abandonment Notice	Acidize ✓ Alter Casing ☐ Casing Repair ☐ Change Plans ☐ Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (S Reclamation Recomplete Temporarily A Water Disposa	Well Integrity Other Abandon
testing has been completed. Fir determined that the site is ready Due to an error made in the respectfully requested verified depth of 2,747' RKB. The cemented to surface without the complete of the comple	nal Abandonment Notices shall be for final inspection.) ne inventory of drill pipe used bal approval from Wesley Ing actual casing point was 56' de ut incident.	filed only after all requir in drilling the 12-1/4 ram, Petroleum Eng	" hole section for the ineer for the BLM, o	in a new interval, a Form 3160-4 shall be filed once mation, have been completed, and the operator has above captioned well, BEPCO L.P. In Febuary 7, 2007, to set 9-5/8" casing at a KB). The 9-5/8" casing was subsequently
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)				
Annette Childers		Title	Title Administrative Assistant	
Signature motte	Childen	Date	<u> 2-12-2</u>	USE ACCEPTED FOR RECORD
	THIS SPACE FOR I	EDERAL OR	STATE OFFICE	ACCEPTED FOR REG
Approved by Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to Title 18 U.S.C. Section 1001 and Title	or equitable title to those rights i conduct operations thereon.	n the subject lease	Title Office	FEB 2 8 2007
States any false, fictitious or fraudul	ent statements or representations	as to any matter within	its jurisdiction.	y to make to any department Colf and The Rinited

(Instructions on page 2)