

MAR 25 2008

Form 3160-5  
(April 2004)

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM 02860
2. Name of Operator BEPCO, L. P.		6. If Indian, Allottee or Tribe Name
3a. Address P. O. Box 2760 Midland, TX 79702	3b. Phone No (include area code) 432-683-2277	7. If Unit or CA/Agreement, Name and/or No. NMNM 71016
4. Location of Well (Footage, Sec., T. R., M., or Survey Description)  SWNW, 1700' FNL & 990' FWL, Sec 19, T24S, R30E, Mer NMP Lat N 32.205556 deg, Lon W 103.926306 deg		8. Well Name and No. Poker Lake Unit #295
		9. API Well No. 30-015-35549
		10. Field and Pool, or Exploratory Area Nash Draw (Dela, BS Avalon Sd)
		11. County or Parish, State Eddy Co., NM

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 type="checkbox"/> Other
	<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 recomplate 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 recomplate 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.)

BEPCO, L. P. requests approval to change the reserve pit orientation from west side of location as approved on APD 4/12/07 to south side of location.

OK  
c.l. 03/19/08

14. I hereby certify that the foregoing is true and correct	
Name (Printed/Typed) Annette Childers	Title Administrative Assistant
Signature <i>Annette Childers</i>	Date 3-19-08

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by <i>James R. Jones Jr</i>	FIELD MANAGER	Date 3-24-08
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.	Office 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

(Instructions on page 2)

*Handwritten initials*