Form 3160-5 (April 2004)

OCD-ARTESIA

UNITED STATES DEPARTMENT OF THE INTERIOR FORM APPROVED OMB No 1004-0137 Expires March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS				5 Lease Serial NMNM 0	2860	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					6 If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE- Other instructions on reverse side.					7 If Unit or CA/Agreement, Name and/or No NMNM 71016	
I Type of Well Gas Well Other APR 1 0 2008					8 Well Name and No. Poker Lake Unit #225 9. API Well No	
2 Name of Operator BEPCO, L. P. OCD-ARTESIA						
3a Address P. O. Box 2760 Midland, TX 79702		3b Phone No (include area code) 432-683-2277		30-015-35637 10 Field and Pool, or Exploratory Area Nash Draw (Dela, BS, Avalon Sd) 11 County or Parish, State Eddy County, NM		
4 Location of Well (Footage, Sec., 2	ong W103.906833					
NWNE, UL C, 990 FNL, 1650 Sec 17, T24S, R30E						
12. CHECK AF	PROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE, R	EPORT, OR	OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent ✓ Subsequent Report	Acidize Alter Casing Casing Repair Change Plans	Deepen Fracture Treat New Construction Plug and Abandon	Production (Sta Reclamation Recomplete Temporarily Ab	Well Integrity Other Extension		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
Attach the Bond under which the following completion of the invitesting has been completed. Find determined that the site is ready	ctionally or recomplete horizontally e work will be performed or provided to operations If the operation of al Abandonment Notices shall be f	y, give subsurface location the the Bond No on file we results in a multiple comp filed only after all requirer	ns and measured and true ith BLM/BIA Require detion or recompletion in nents, including reclama	e vertical depths ed subsequent rep n a new interval, ation, have been	of all pertunent markers and zones ports shall be filed within 30 days a Form 3160-4 shall be filed once completed, and the operator has	

SEE ATTACHED FOR CONDITIONS OF APPROVAL

APPROVED F	FOR 12
ENDING	FOR 12 MONTH PERIOD
	5-17-09 ENIOD

14 I hereby certify that the foregoing is true and correct Name (Printed/Typed)					
Annette Childers	Administrative Assistant				
Signature annette Childere	Date 3-11-08				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by	File LD MANAGER ate				
Conditions of approval, if any, are attached Approval of this notice does not warrant 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 18 LLS C. Septen 1001 and Title 43 LLS C. Septen 1212, make it a grime for any	person knowingly and willfully to make to any department or agency of the United				

Title 18 USC Section 1001 and Title 43 USC 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