

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED  
OMB No. 1004-0137  
Expires March 31, 2007

RECEIVED

## 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.

5 Lease Serial No  
NMNM 0509

DEC - 2 2009

6. If Indian, Allottee or Tribe Name  
NMOCD ARTESIA

## SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1 Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other2 Name of Operator  
BOPCO, L.P.3a Address  
P.O. Box 2760 Midland TX 797023b Phone No (include area code)  
(432)683-22774 Location of Well (Footage, Sec, T, R, M., or Survey Description)  
UL I, 2310' FSL, 330' FEL, Sec 17, T21S, R29E7. If Unit or CA/Agreement, Name and/or No  
NMNM71016X8 Well Name and No  
Golden D Federal #49 API Well No  
30-015-3563610 Field and Pool, or Exploratory Area  
Golden Lane, S (Delaware)11. County or Parish, State  
Eddy  
NM

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" 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 checked="" type="checkbox"/> Other Interim
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Reclamation</u>
	<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 recomple 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 recomple 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, LP respectfully wishes to report the interim reclamation of the above captioned wellsite in keeping with the approved "Multi-Point Surface Use Plan" and the BLM as follows:

09/19-23/09: Initial location of 385' x 195' (75,075 square ft) was downsized to a total reclaimed area of 210' x 195' (40,000 square ft). The reclaimed area was graded and contoured to blend with the surrounding topography. Hauled approximately 1808 yds caliche from location and used 1568 yds for road repair. Remaining (240 yds) caliche/sand mix was hauled to BLM pit. The location will be seeded in the spring.

Site is ready for interim reclamation inspection.

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

Valerie Truax

Title Regulatory Admin Assistant

Signature

Date 11/09/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

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

NOV 27 2009  
Date

BUREAU OF LAND MANAGEMENT

DARTS/SPAD 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)

Form 3160-18  
(October, 1999)

AUG 14 2009

## OPERATOR COPY

Number 09-BJB-126

Page of

☒ Certified Mail - Return  
Receipt Requested  
7008183000080714423

**DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

## NOTICE OF WRITTEN ORDER

IDENTIFICATION	
IID	
Lease	NMNM0509
CA	
Unit	
PA	

Bureau of Land Management Office <b>CARLSBAD FIELD OFFICE</b>				Operator <b>BEPKO LP</b>			
Address <b>620 E GREENE STREET CARLSBAD NM 88220</b>				Address <b>P O BOX 2760 MIDLAND TX 79702</b>			
Telephone <b>575-234-2230</b>				Attention			
Inspector <b>BALLARD</b>				Attn Addr			
Site Name <b>GOLDEN D FEDERAL</b>	Well or Facility <b>4</b>	1/4 1/4 Section <b>NESE 17</b>	Township <b>21S</b>	Range <b>29E</b>	Meridian <b>NMP</b>	County <b>EDDY</b>	State <b>NM</b>
Site Name	Well or Facility	1/4 1/4 Section	Township	Range	Meridian	County	State
Site Name	Well or Facility	1/4 1/4 Section	Township	Range	Meridian	County	State

The following condition(s) were found by Bureau of Land Management Inspectors on the date and at the site(s) listed above

Date	Time (24-hour clock)	Corrective Action to be Completed by	Date Corrected	Authority Reference
08/10/2009	09:16	11/10/2009	09/23/09	43 cfr 3162.5-1.b

## Remarks

The following actions need to be corrected before approval can be granted.

1. Perform interim reclamation on this well. This means downsizing pad down to adequate size for operation. According to onshore oil and gas order number one this must be done within six months of completion date. Well was completed on 9/1/2007.
2. If you have any questions or concerns you can call me Bob Ballard (575)234-2230. Send a sundry 3160-5 when reclamation is done and ready for inspection.

When the Written Order is complied with, sign this notice and return to above address.

Company Representative Title Reg Admin Assistant Signature [Signature] Date 11/09/09

Company Comments \_\_\_\_\_

## Warning

The Authorized Officer has authority to issue a Written Order in accordance with 43 CFR 3161.2. Written Order correction and reporting time frames begin upon receipt of this Notice or 7 business days after the date it is mailed, whichever is earlier. Each stipulation must be corrected within the prescribed time from receipt of this Notice and reported to the Bureau of Land Management Office at the address shown above. If you do not comply as noted above under "Corrective Action to be Completed By", you shall be issued an Incident of Noncompliance (INC) in accordance with 43 CFR 3163.1(a). Failure to comply with the INC may result in assessments as outlined in 43 CFR 3163.1 and may also incur civil penalties (43 CFR 3163.2). All self-certified corrections must be postmarked no later than the next business day after the prescribed time frame for correction.

Section 109(d)(1) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at Title 43 CFR 3163.2(f)(1), provides that any person who "knowingly or willfully" prepares, maintains, or submits false, inaccurate, or misleading reports, notices, affidavits, records, data, or other written information required by this part shall be liable for a civil penalty of up to \$25,000 per violation for each day such violation continues, not to exceed a maximum of 20 days.

## Review and Appeal Rights

A person contesting a decision shall request a State Director review of the Written Order. This request must be filed within 20 working days of receipt of the Notice with the appropriate State Director (see 43 CFR 3165.3). The State Director review decision may be appealed to the Interior Board of Land Appeals, 801 North Quincy Street, Suite 300, Arlington, VA 22203 (see 43 CFR 3165.4). Contact the above listed Bureau of Land Management office for further information.

Signature of Bureau of Land Management Authorized Officer Bob Ballard Date 8-10-09 Time 9:46

## FOR OFFICE USE ONLY

Number <b>6</b>	Date	Type of Inspection <b>ES</b>
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