

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



Oil Well



Gas Well



Other

2. Name of Operator

BOPCO, L.P.

3a. Address

P O Box 2760 Midland Tx 79702

3b. Phone No. (include area code)

(432)683-2277

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

G Sec. 28; T24S; R31S 2200' FNL 2030' FEL
N 32.189406 Long W 1033780289

5. Lease Serial No.

NMNM 0506A NM 0522A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM 71016X

8. Well Name and No.

Poker Lake Unit # 302H

9. API Well No.

30-015-37647

10. Field and Pool, or Exploratory Area

Poker Lake SW (Delaware)

11. County or Parish, State

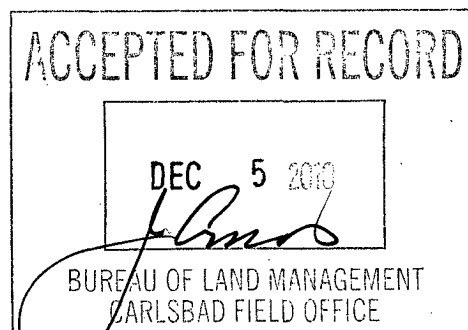
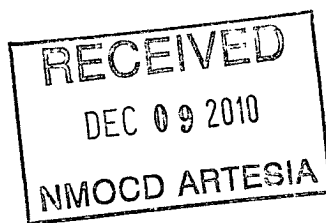
Eddy
NM

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 checked="" 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 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 5-Day Prod. Notice |
| | <input 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 recomplete 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 recompletion 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, L.P. respectfully wishes to report the 5th day of production for this wellbore as being 11/05/2010.



14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Sandra J. Belt ext. 149

Title Sr. Regulatory Clerk

Signature

Date 11/18/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title

Date

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)

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1. Type of Well
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(432)683-2277

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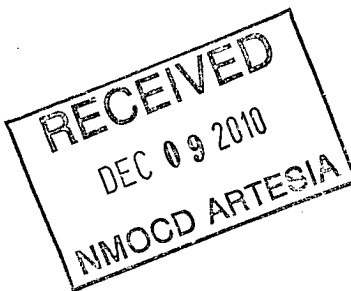
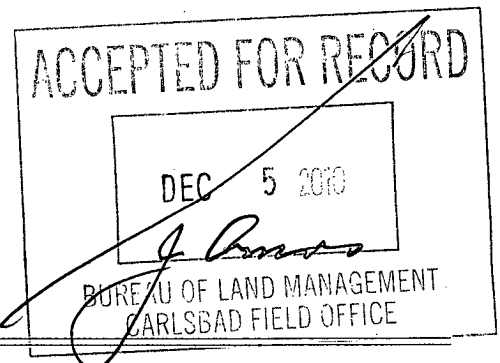
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BOPCO, L.P. respectfully wishes to report the 5th day of production for this wellbore as being 11/09/2010.

THIS SUNDRY REPLACES THE ONE DATED 11/18/10 TO CORRECT THE 5TH DAY PRODUCTION DATE.

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

Sandra J. Belt ext. 149

Title Sr. Regulatory Clerk

Signature

Sandra J. Belt

Date 11/19/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____

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*DJB**Cott*