

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010**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.

LC 067144

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

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

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.

North Indian Flats 24 Federal #10

9. API Well No.

30-015-38196

10. Field and Pool or Exploratory Area

Indian Flats (Delaware)

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

NESW, UL K, 2180' FSL, 1980' FWL, Sec 24, T21S, R28E

11. Country or Parish, State

Eddy**NM**

12. CHECK THE 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 checked="" type="checkbox"/> Other Add CIBP & drill out same
	<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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must 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 requests permission to make the following changes to the subject wellbore (all w/ in the Delaware zone):

Perf the Delaware from 2923'-2929'. Set baker Retrievalmatic packer at 2915'.

Acidize perfs w/ 500 gals 7.5% HCl w/ 1.0 gpt corrosion inhibitor, 2.0 gpt non-emulsifier + 5.0 gpt iron control across 2923'-2929' perfs at max pressure 700 psi. Do not breakdown perf by increasing pressure.

Swab test well. Release packer.

After pump testing 2923'-29', wait to move on additional perfs until test determines sand to be sufficient.

RIH w/ 5-1/2" 15.5# CIBP. Set CIBP at +/- 2,900'. Test to 3000 psi.

Spot 500 gal 7.5% HCL with 1.0 gpt corrosion inhibitor, 2.0 gpt non-emulsifier + 5.0 gpt iron control across the 2882'-2888' perfs.

Perf Delaware from 2882'-2888'.

Acidize perfs w/ 1500 gal 7.5% HCl w/ 1.0 gpt corrosion inhibitor, 2.0 gpt non-emulsifier + 5.0 gpt iron control at max pressure of 700 psi down tubing with annulus shut in.

CIBP (+/- 2900') will be drilled out once the 2 intervals are tested/found productive. RIH w/ tubing as for production w/ TAC @ 2900' & SN @ 2950'.

Return well to production.

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

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

Valerie TruaxTitle **Regulatory Clerk****JAN 12 2011**

Signature

Date **12/20/2010****NMOCD ARTESIA****THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Office

JAN 10 2011

Date

/s/ Dustin Winkler

Conditions of approval, if any, 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 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 in 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)

**BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE****D. D.**

BOPCO, LP
NMLC-067144: North Indian Flats 24 Federal #10
API: 30-015-38196
Eddy County, New Mexico

RE: Additional Perforations – Conditions of Approval

There is to be no surface disturbance beyond the originally approved pad. A closed loop system is to be used. H2S monitoring and protection equipment is to be on site.

2000 (2M) BOP to be used. All blowout preventer (BOP) and related equipment (BOPE) shall comply with reasonable well control requirements. A two ram system with a blind ram and a pipe ram designed for the size of the work string shall be adequate. Tapered work strings will require an additional pipe ram. The manifold shall comply with Onshore Oil and Gas Order #2 Attachment I (2M Diagrams of Choke Manifold Equipment). The accumulator system shall have an immediately available power source to close the rams and retain 200 psi above pre-charge. The pre-charge test shall follow requirements in Onshore Order #2.

Submit subsequent report with well test once work is completed.

DHW 011011