OCD-ARTESIA

Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

BUREAU OF LAND MANAGEMENT

| FORM APPROVED |
|-------------------------|
| OM B No 1004-0137 |
| Expires. March 31, 2007 |

Lease Serial No

| CUNDRY NOTICES AND DEPORTS ON WELLS | | | | 5. Lease Senat No NM 030456 | | | |
|--|---|--|---|---|--|------------------|--|
| 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. | | | | 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. | | | |
| 1 Type of Well ☐ ☐ Gas Well ☐ ☑ Other | | | | 8. Well Name and No. J. F. Harrison Federal #1 9 API Well No | | | |
| Name of Operator BOPCO, L. P. | | | | | | | |
| Ba Address | 1 | 3b. Phone No. (include area code) | | 30-015-04749 | | | |
| P. O. Box 2760 Midland, TX 7 | 432-683-2277 | | 10 Field and Pool, or Exploratory Area Devonian | | | | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) NWNW, ULD, 660' FNL, 660' FEL, Sec 12, T25S, R30E, Lat N32.15059, Long W103.840908 | | | | 11. County or Parish, State | | | |
| | | | | | Eddy Co., NM | | |
| | PROPRIATE BOX(ES) TO | O INDICATE NATU | RE OF NOTICE, F | REPORT, OF | ROTHER DATA | | |
| TYPE OF SUBMISSION | | TY | PE OF ACTION | | | | |
| Notice of Intent | Acidize Alter Casing | Deepen Fracture Treat | Production (St | water Shut-Off Well Integrity Other Revised Re-entry | | | |
| Subsequent Report | Casing Repair Change Plans | New Construction Plug and Abandon | Recomplete Temporarily A | bandon | Procedure | | |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water Disposal | | | | |
| the previously abandoned | al Abandonment Notices shall b for final inspection) roval of the below revised revellbore, BOPCO, L.P. four the misalignment, BOPCO, | e filed only after all require e-entry procedure as di id the 13-3/8" intermed | ements, including recland scussed with Wesley liate casing off center | nation, have bee | on completed, and the operation A) on 5/5/11. Upon unconted to surface inside the | overing e 20" | |
| | Ag | ccepted for record | - nmocd 5-\\ | | RECEIVE SEP 12 201 NMOCD ARTE | 1 | |
| 14. I hereby certify that the foreg Name (Printed/Typed) Kat/Holster | oing is true and correct | Title A | Administrative Assist | ant | | | |
| Signature HHSTV | V | Date | 5/5/20+1 | APF | ROVED | 1 | |
| • | THIS SPACE FOR | FEDERAL OR S | TATE OFFICE | USE | | | |
| Approved by Conditions of approval, if any, are a certify that the applicant holds legal | | e does not warrant or | Title Control | | Sate 8 ZUII SLEY W. INGRAN SLEY W. ENGINE | | |
| which would entitle the applicant to | | 540,000 10450 | Office | LINE | SLEY W. INGRA | <u> </u> | |

Title 18 USC Section 1001 and Title 43 USC Section 1212, make it a crime for any person knowingly and willfully to make 10 Early 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)



