

OCD-ARTESIA

Form 3160-5
(April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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)

Surface: UL E, 1400' FNL, 450' FWL, Lat N32.235667, Long W103.841025
 Bottom Hole: 2295' FSL, 2580' FWL, Sec 2, T24S, R30E, Lat N32.245803, Lg W103.851425

5 Lease Serial No

LC 68905, E5229

6. If Indian, Allottee or Tribe Name

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

Poker Lake Unit, NMNM71016F

8 Well Name and No.

Poker Lake Unit #327H

9 API Well No.

30-015-39251

10. Field and Pool, or Exploratory Area

Poker Lake NW (Deleware)

11. County or Parish, State

Sec 12, T24S, R30E, Mer NMP

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

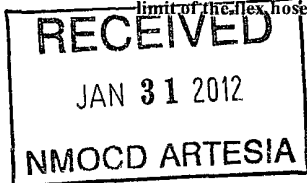
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input checked="" 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 Flex hose
	<input checked="" type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	documentation
	<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 requests the changes listed below to be approved for the above captioned well.

Alter the 7" x 4-1/2" completion system overlap from the original permitted 150' to 75'. Planned depth for 7" is 8,966', planned TOL is 8,916'. Planned TD of the PLU 327H will be 12,638'.

Attached is documentation of the 3-1/2", 5M rated flex hose currently in use by BOPCO, L.P. on the Latshaw #3. The hose will be tested to 2000 psi on the first intermediate section and 3000 psi in the second intermediate and production interval, both test pressures are within the operating limit of the flex hose.



**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**



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

Pete Lensing

Title **Drilling Engineer**

Signature

Pete Lensing

Date

1/23/2012

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

NMOCN

Date

NMOC D

Office

Accepted for record

Accepted for record

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.

(Instructions on page 2)

M I D W E S T
HOSE AND SPECIALTY INC.

INTERNAL HYDROSTATIC TEST REPORT			
Customer: LATSHAW DRILLING		P.O. Number: RIG#3	
HOSE SPECIFICATIONS			
Type: CHOKES & KILLS		Length: 35'	
I.D. 3 1/2" INCHES		O.D. 7" INCHES	
WORKING PRESSURE 5,000 PSI	TEST PRESSURE 10,000 PSI	BURST PRESSURE PSI	
COUPLINGS			
Type of End Fitting 956HXX+64WB			
Type of Coupling: 4 1/16 5K FLANGE			
PROCEDURE			
<i>Hose assembly pressure tested with water at ambient temperature.</i>			
TIME HELD AT TEST PRESSURE 1 MIN.		ACTUAL BURST PRESSURE: 0 PSI	
COMMENTS: S/N#O238574			
Date: 5/15/2007	Tested By: BOBBY FINK		Approved: MENDI JACKSON

NO. 047

MIDWEST HOSE & SPEC

JAN. 18. 2012 11:54AM

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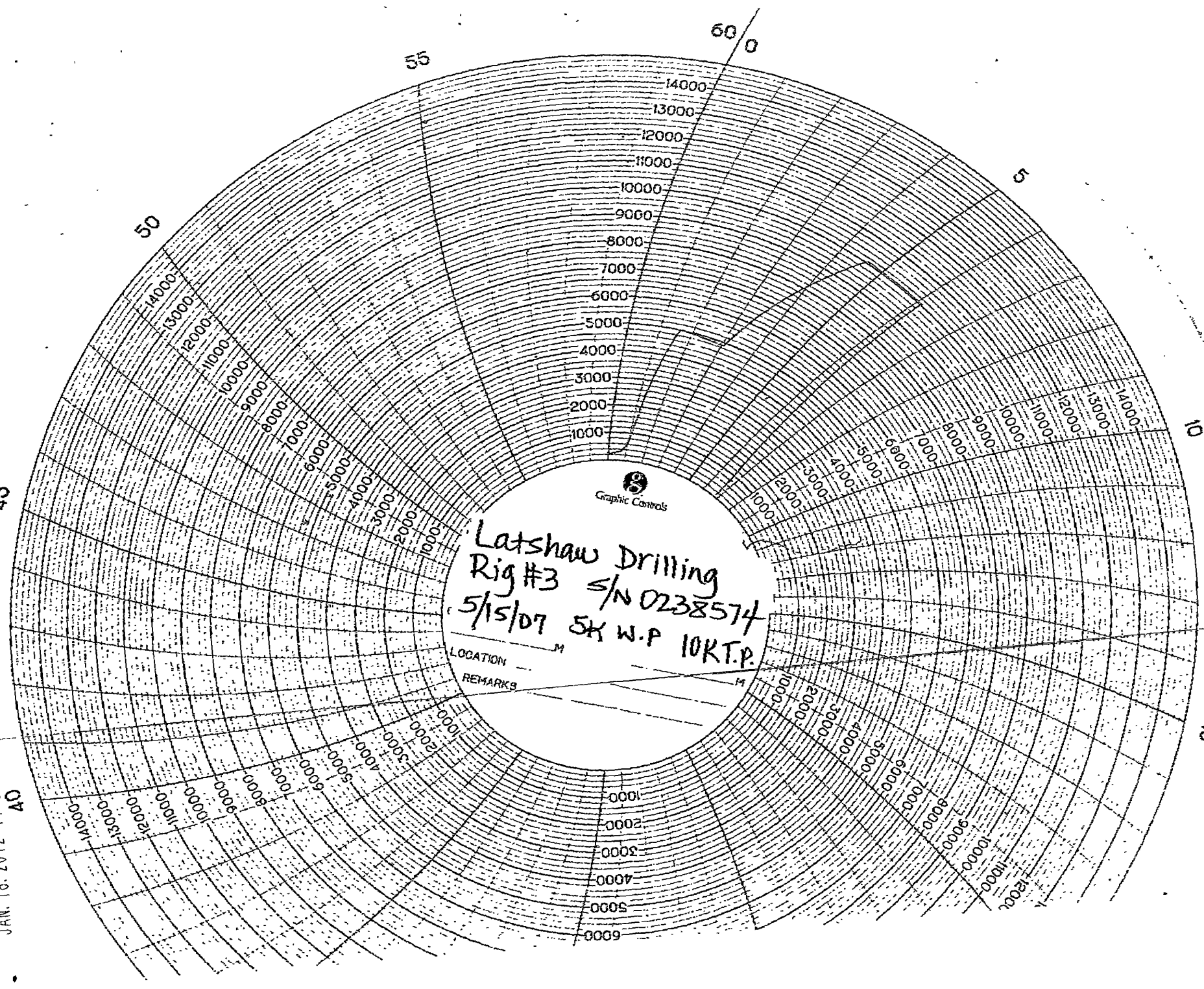
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Latshaw Drilling
Rig #3 S/N 0238574
5/15/07 SK W.P 10KT.P.

LOCATION
REMARKS

Flex line anchor requirements

The recommendation for anchoring this assembly is to attach a safety clamp on the mid-section of the hose and anchor to the sub-floor on the rig.

If any further information is needed, please feel free to contact me at 1-800-375-2358.

Best Regards,

W. Harvey Sparkman
President

Co-Flex line
Conditions of Approval

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).