

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM 0030452
2. Name of Operator BOPCO, L. P.		6. If Indian, Allottee or Tribe Name
3a. Address P. O. Box 2760, Midland, TX 79702		7. If Unit or CA/Agreement, Name and/or No. Poker Lake Unit NMNM71016X
3b. Phone No. (include area code) 432-683-2277		8. Well Name and No. Delaware B 23 Fed 1 SWD
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Surface: NWNE, UL C, 1115' FNL, 2180' FWL, Lat N32.207442, Long W103.8527 Bottom Hole:		9. API Well No. 30-015-40935
		10. Field and Pool, or Exploratory Area Cotton Draw, SO (Devonian)
		11. County or Parish, State Sec 23, 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 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 <u>Certify armored flex hose.</u>
	<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. would like to request a variance to utilize a 3-1/2" ID, 10, 10,000 psi WP, armored flex hose to be installed between the BOP stack and choke manifold in the drilling of this well. The hose has passed a hydrostatic test to 15,000 psi by Midwest Hose & Specialty, Inc. The 55' hose, serial number 8232, has 10,000 psi swedged fittings. This well will be drilled to a maximum TVD of 17,785' and a maximum surface pressure should be +4,595 psi. Which is max BHP minus 0.22 psi/ft. as per.

Accepted for record
NMOCD
2/27/2013

RECEIVED
FEB 26 2013
NMOCD ARTESIA

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

Name (Printed/Typed) Stephen Ordoyne	Title Drilling Engineer
Signature <i>Stephen Ordoyne</i>	Date 02/12/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
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	FEB 22 2013 /s/ Chris Walls
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.		BUREAU OF LAND MANAGEMENT



Midwest Hose
& Specialty, Inc.

Internal Hydrostatic Test Graph

January 25, 2013

Customer: Fort Worth

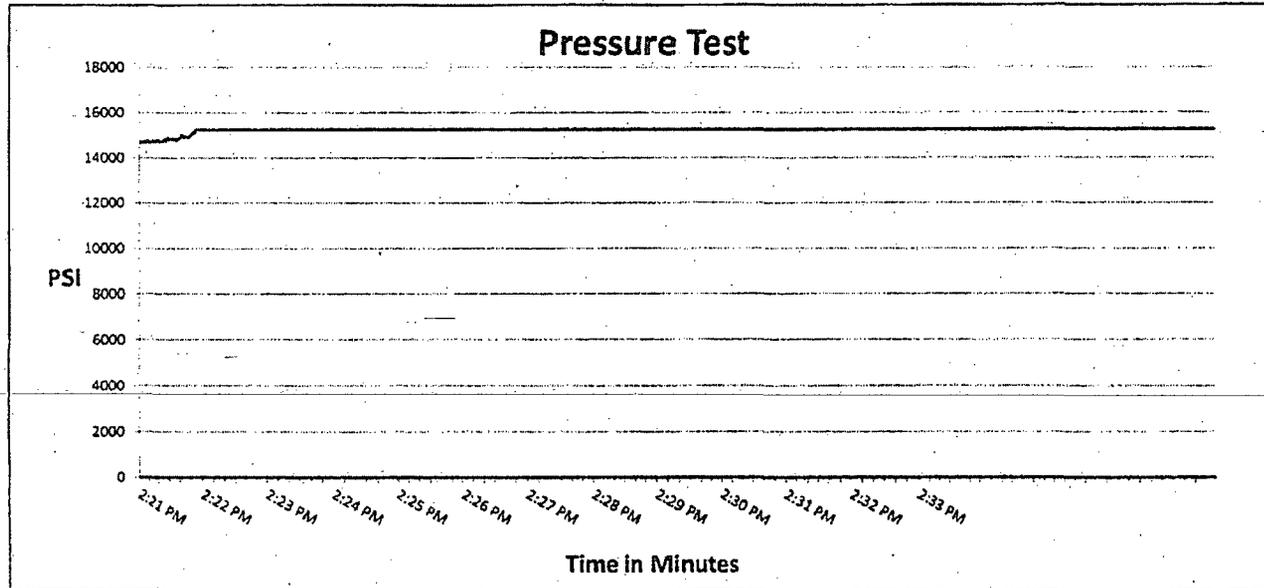
Pick Ticket #: 186567

Hose Specifications

<u>Hose Type</u>	<u>Length</u>
Ck Red	55'
<u>I.D.</u>	<u>O.D.</u>
3"	4.82"
<u>Working Pressure</u>	<u>Burst Pressure</u>
10000 PSI	Standard Safety Multiplier Applies

Verification

<u>Type of Fitting</u>	<u>Coupling Method</u>
4 1/16 10k	Swage
<u>Die Size</u>	<u>Final O.D.</u>
5.37"	5.38"
<u>Hose Serial #</u>	<u>Hose Assembly Serial #</u>
8232	186567



Test Pressure
15000 PSI

Time Held at Test Pressure
16 1/4 Minutes

Actual Burst Pressure

Peak Pressure
15336 PSI

Comments: Hose assembly pressure tested with water at ambient temperature.

Tested By: Billy Balak

Approved By: Phil Maytubby



Midwest Hose
& Specialty, Inc.

INTERNAL HYDROSTATIC TEST CERTIFICATE		
Customer: MWH FORTH WORTH		Customer P.O. Number: 168403
HOSE SPECIFICATIONS		
Type:	Rotary / Vibrator Hose RED CK / API 7K	Hose Length: 55 FEET
I.D.	3 INCHES	O.D. 4.82 INCHES
WORKING PRESSURE	TEST PRESSURE	BURST PRESSURE
10,000 PSI	15,000 PSI	N/A PSI
COUPLINGS		
Part Number	Stem Lot Number	Ferrule Lot Number
D3.0X64WB	11606647-3	L08301765
D3.0X64WB	11606647-3	L08301765
Type of Coupling:	Die Size:	
SWAGE-IT	5.37 INCHES	
PROCEDURE		
<i>Hose assembly pressure tested with water at ambient temperature.</i>		
TIME HELD AT TEST PRESSURE		ACTUAL BURST PRESSURE:
16 1/4 MIN.		N/A PSI
Hose Assembly Serial Number: 186567		Hose Serial Number: 8232
Comments:		
Date: 1/27/2013	Tested: <i>Billy Balak</i>	Approved: <i>Phillip W. [Signature]</i>



Midwest Hose
& Specialty, Inc.

Customer: Hi Tex Drilling		P.O. Number:	
HOSE SPECIFICATIONS			
Type: Fire Wall		Length: 30'	
I.D. 2 INCHES		O.D. 3 3/4 INCHES	
WORKING PRESSURE 5,000 PSI	TEST PRESSURE 10,000 PSI	BURST PRESSURE PSI	
COUPLINGS			
Stem Part No. 6WB32-32MPAPI		Ferrule No.	
Type of Coupling: 2" 1502		Die Size:	
PROCEDURE			
<i>Hose assembly pressure tested with water at ambient temperature.</i>			
TIME HELD AT TEST PRESSURE 10 MIN.		ACTUAL BURST PRESSURE: n/a PSI	
COMMENTS: SO# 157457			
Date: 1/31/2013	Tested By: Javier Varela	Approved: Douglas Elledge	

Douglas Elledge

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).