

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
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.

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. NMLC063079A
2. Name of Operator BOPCO LP		6. If Indian, Allottee or Tribe Name
Contact: TRACIE J CHERRY E-Mail: tjcherry@basspet.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P O BOX 2760 MIDLAND, TX 79702	3b. Phone No. (include area code) Ph: 432-683-2277	8. Well Name and No. POKER LAKE CVX JV PB 004H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T25S R30E Mer NMP SESW 150FSL 2280FWL		9. API Well No. 30-015-40756
		10. Field and Pool, or Exploratory WC G-05 S2630010;BONE SPR
		11. County or Parish, and State EDDY COUNTY, NM

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
	<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 shall 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 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, LP respectfully requests "Unit" be removed from the well name per the Commercial Well Determination approved 04/27/16. Commercial Determination letter and NMOC Form C-102 attached.

Previous Well Name: Poker Lake Unit CVX JV PB 004H
New Well Name: Poker Lake CVX JV PB 004H

NM OIL CONSERVATION
ARTESIA DISTRICT

MAY 11 2016

RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #338841 verified by the BLM Well Information System For BOPCO LP, sent to the Carlsbad	
Name (Printed/Typed) TRACIE J CHERRY	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 05/11/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____
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 _____

Pending BLM approvals will
subsequently be reviewed
and scanned

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and will States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Department or agency of the United

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****



IN REPLY REFER TO
NM 71016X
3180 (P0220)

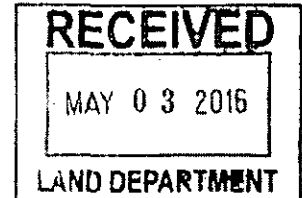
United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Pecos District
Carlsbad Field Office
620 E. Greene
Carlsbad, New Mexico 88220-6292
www.blm.gov/nm



4/27/2016



Reference:

Poker Lake Unit CVX JV PB 004H NM 71016X
First (1st) Bone Spring Shale
Eddy County, New Mexico
Commercial Well Determination

BOPCO, L.P.
201 Main St, Suite 2900
Fort Worth, TX 76102-3131

Gentlemen:

Pursuant to your letter of July 24, 2015, this office concurs with your determination that the Poker Lake Unit CVX JV PB #004H completion is not capable of producing unitized substances in paying quantities.

This well's First (1st) Bone Spring Shale completion is therefore not entitled to be part of a Participating Area and production from this formation should be reported on a lease basis. Also, a Sundry shall be submitted to drop "Unit" from well name. Our concurrence is subject to like concurrence by the State Commissioner of Public Lands.

Under provisions of 43 CFR 3165.3, you may request a State Director Review of the decision described above. Such a request, including all supporting documents, must be filed in writing within 20 business days of receipt of this notice and must be filed with the State Director, Bureau of Land Management P.O. Box 27115, Santa Fe, New Mexico 87502-0115. Such request shall not result in a suspension of the order unless the reviewing official so determines. Procedures governing appeals form instructions, orders, or decisions are contained in 43 CFR 2175.4 and 43 CFR Part 4.

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1,
2011

Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-40756	² Pool Code 97814	³ Pool Name WC; G-05 S2630010; Bone Spring
⁴ Property Code 315265	⁵ Property Name Poker Lake CVX JV PB	⁶ Well Number 004H
⁷ OGRID No. 260737	⁸ Operator Name BOPCO, LP	⁹ Elevation 3340

* Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	25	25S	30B		150	South	2280	West	Eddy

** Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	25	25S	30B		150	North	2034	West	Eddy

¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

	<p>¹¹ OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>[Signature]</i> 05/10/16 Signature Date</p> <p>Tracie J. Cherry Printed Name</p> <p>tkerry@bopco.com E-mail Address</p>
	<p>¹⁶ SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p>
	<p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>
	<p>Certificate Number</p>