Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-015-40341
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE SFEE
<u>District IV</u> - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		E052290009
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOS	CES AND REPORTS ON WELLS GALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Poker Lake CVX JV RB
PROPOSALS.)	Gas Well 🔲 Other	8. Well Number 002H
2. Name of Operator BOPCO, LP		9. OGRID Number 260737
3. Address of Operator		10. Pool name or Wildcat
PO Box 2760 Midland, TX 79702		Forty Niner Ridge; Bone Spring, West
4. Well Location	· · ·	
Unit Letter <u>M</u> :	<u>150</u> feet from the <u>South</u> line and	660 feet from the West line
Section 32	Township 23S Range 30E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3241	
12. Check A	ppropriate Box to Indicate Nature of Notice	, Report or Other Data
	PLUG AND ABANDON C REMEDIAL WO	BSEQUENT REPORT OF:
OTHER:	OTHER: Well Na	
	eted operations. (Clearly state all pertinent details, a	
of starting any proposed wo proposed completion or reco	rk). SEE RULE 19.15.7.14 NMAC. For Multiple Completion	ompletions: Attach wellbore diagram of
proposed completion of reco	inpletion.	
BOPCO, LP respectfully requests "Un Determination approved 04/20/16 Co	nit" be removed from the well name per the Commerc ommercial Determination letter and NMOCD Form C-1	ial Well 102 previously submitted
		toz previously submitted.
Previous Well Name: Poker Lake Uni	t CVX JV RB 002H	
New Well Name: Poker Lake CVX JV	RB 002H 73161615	
		NM OIL CONSERVATION
		ARTESIA DISTRICT
		MAY 2 5 2016
		RECEIVED
Spud Date:	Rig Release Date:	
I hereby certify that the information a	above is true and complete to the best of my knowled	lge and belief.
SIGNATURE Spine/14	TITLE Sr. Regulatory Analyst	DATE <u>05/20/2016</u>
Type or print name <u>Tracie J Cherry</u>	E-mail address: _tjcherry@bassg	
For State Use Only	D-man addressjoneny@bassp	1110112. <u>- +32/320-03/7</u>
N .	Λ. Α Λ	A
APPROVED BY Men 1	Sharp TITLE Sue Op/Specie	DATE 5-26-16
Conditions of Approval (Kany):	l l	