

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED  
OMB NO. 1004-0137  
Expires: March 31, 2007

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well ☐ Oil Well ☒ Gas Well ☐ Dry ☐ Other  
b. Type of Completion ☐ New Well ☐ Work Over ☐ Deepen ☒ Plug Back ☐ Diff. Resvr.,  
Other \_\_\_\_\_

2. Name of Operator  
BEPCO, L.P.

3. Address  
P.O. BOX 2760 MIDLAND TX 79702-2760

3.a. Phone No. (Include area code)  
(432)683-2277

4. Location of Well (Report location clearly and in accordance with Federal requirements)\*

At Surface UL B, 1980' FEL, 1660' FNL

At top prod interval reported below SAME

At total depth SAME

14. Date Spudded  
11/06/1220

15. Date T.D. Reached  
11/22/2008

16. Date Completed  
☐ D & A ☒ Ready to Prod  
11/22/2008

18. Total Depth: MD 12635'  
TVD

19. Plug Back T.D.: MD 11484"  
TVD

20. Depth Bridge Plug Set. MD 11484' Cmt  
TVD Plug

21. Type of Electric & Other Mechanical Logs Run (Submit copy of each)

22. Was well cored? ☒ No ☐ Yes (Submit analysis)  
Was DST run? ☒ No ☐ Yes (Submit analysis)  
Directional Survey? ☒ No ☐ Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol (BBL)	Cement Top*	Amount Pulled
15"	11-3/4"	42#	0'	400		450 SXS		SURF. CIRC	
11"	8-5/8"	28#	0'	2600		1315 SXS		SURFACE	
7-7/8"	5-1/2"	17#	0'	12635'		1000 SXS		CIRC	
								7740 CALC	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2-3/8"	11,950 PKR	11,950						

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) STRAWN	10803'	11237	11008-20'	0.380	72	Producing
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
11008-20'	PERF'D W/ 6 JSPF OR 72 HOLES. ACID/Frac 3000 GALS 15% NEFE HCL @ 5000 PSI
11098-398'	SPOT 33 SXS CLASS H PLUG OVER SQZ'D ATOKA PERFS FROM 11426-11525'
11484-11845'	SPOT CMT PLUG W/ 40 SXS CLASS H OVER PREVIOUSLY SET CIBP @ 11877'

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
11/22/08	12/02/08	24	→	0	283	3			Flowing
Choice Size	Tbg. Press Flwg SI	Csg Press.	24 Hr Rate	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	
25/64'	SI 380	50	→					PRODUCING	

Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press Flwg SI	Csg Press.	24 Hr Rate	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	
			→						

ACCEPTED FOR RECORD  
DEC 15 2008  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

Produced	Date	Tested	Production	BBL	MCF	BBL	Gas : Oil Ratio	Well Status
Choke Size	Tbg Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status

#### 28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
Choke Size	Tbg Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas : Oil Ratio	Well Status	

29 Disposition of Gas (Sold, used for fuel, vented, etc.)

**SOLD**

30 Summary of Porous Zones (Include Aquifers):

Show all important zones or porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas Depth
				T/DELAWARE MTN. GROUP	3760'
				T/BONE SPRING LIME	6238'
				T/WOLFCAMP	9638'
				T/STRAWN	10803'
				T/ATOKA	11238'
				T/MORROW	11828'

32 Additional remarks (include plugging procedure):

33 Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd )
 ☐ Geological Report
 ☐ DST Report
 ☐ Directional Survey
 ☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
 ☐ Other

34 I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)\*

Name (please print) ANN MOORE

Title SENIOR PRODUCTION CLERK

Signature

*Ann Moore*

Date 12/08/2008

Title 18 U.S.C. Section 101 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 and false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102  
Supersedes C-128  
Effective 1-1-85

All distances must be from the outer boundaries of the Section.

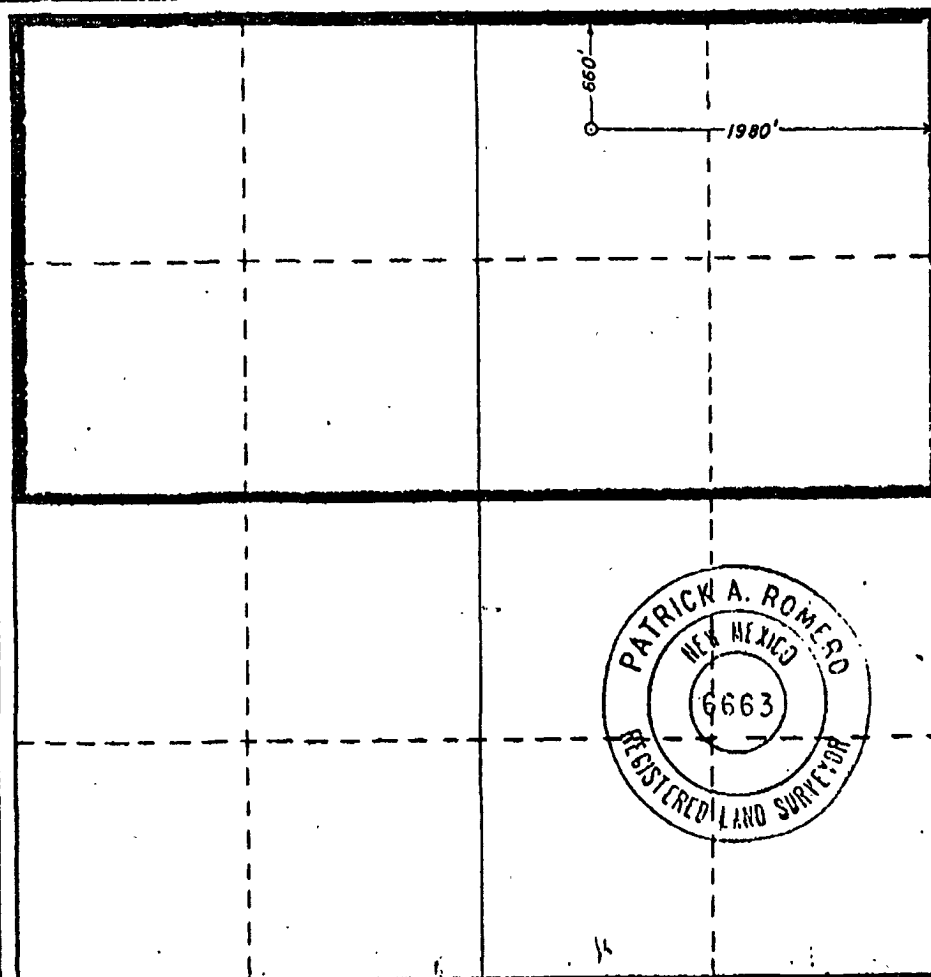
Operator <b>BEPCO, L. P.</b>		API# <b>30-015-23473</b>		Lease <b>BIG EDDY UNIT</b>		Well No. <b>70</b>	
Unit Letter <b>B</b>	Section <b>26</b>	Township <b>21 SOUTH</b>	Range <b>28 EAST</b>	County <b>EDDY</b>			
Actual Footage Location of Well: <b>660</b> feet from the <b>NORTH</b> line and <b>1980</b> feet from the <b>EAST</b> line							
Ground Level Elev. <b>3218.6</b>	Producing Formation <b>Strawn</b>		Pool <b>INDIAN FLATS, West (79110)</b>		Dedicated Acreage: <b>320</b> Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes    ☐ No    If answer is "yes," type of consolidation Unit

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Troy L. Bevers*

Name  
**Troy L. Bevers**

Position  
**Engineering Assistant**

Company  
**Bass Enterprises Production Co.**

Date  
**February 26, 1988**

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 knowledge and belief.

Date Surveyed  
**JULY 22, 1980**

Registered Professional Engineer and/or Land Surveyor

*Patrick A. Romero*

Certificate No. **JOHN W. WEST 878**  
**PATRICK A. ROMERO 8863**  
**Ronald J. Eldon 3239**

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  
BEPCO, L.P.

3a. Address  
P.O. BOX 2760 MIDLAND TX 79702-2760

3b. Phone No. (include area code)  
(432)683-2277

4 Location of Well (Footage, Sec., T., R., M., or Survey Description)  
SEC 26, T21S, R28E, UL B. 1980 FEL, 1660' FNL

5. Lease Serial No.

NM-069219

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
NMNM68294X

8. Well Name and No.

BIG EDDY UNIT #70

9. API Well No.

30-015-23473

10. Field and Pool, or Exploratory Area

INDIAN FLATS (STRAWN), WEST

11. County or Parish, State

EDDY  
NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 type="checkbox"/> Other Amend P&A
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	procedure to
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	include tests

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.)

BEPCO, L. P. respectfully requests that the well name, for the subject wellbore, be changed from the Big Eddy #70, property code 1775, to Big Eddy Unit #70, property code 1776. The wellbore will be coming back into the unit as it returns to production in the Strawn.

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

ANN MOORE

Title SENIOR PRODUCTION CLERK

Signature

*Ann Moore*

Date 12/08/2008

**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

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.