

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB No. 1004-0137  
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.*

5. Lease Serial No.

**NM02887A**

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE – Other instructions on page 2.**

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**

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

8. Well Name and No.

**James Ranch Unit #114H** ✓

9. API Well No.

**30-015-37925**

10. Field and Pool or Exploratory Area

**Quahada Ridge SE (Delaware)**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**SHL: UL A, Sec 6, T23S, R31E, 270' FNL, 710' FEL** ✓**BHL: UL I, Sec 6, T23S, R31E, 1611' FSL, 610' FNL**

11. Country or Parish, State

**Eddy****New Mexico**

12. CHECK THE 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 checked="" 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 checked="" type="checkbox"/> Other <b>5 day production notice</b>
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must 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 wishes to report the 5th day of production in this wellbore as follows:****01/23/11 Well test pumping: 242 BO, 2199 BW, 294 MCF, TP 270 psi, LP 65 psi, CP 180 psi on W/O choke.****RECEIVED****FEB 04 2011****NMOCD ARTESIA****ACCEPTED FOR RECORD****JAN 30 2011****BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE**

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

**Valerie Truax**Title **Regulatory Clerk**

Signature

*Valerie Truax*Date **01/24/2011****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.

*\* Need completion paperwork  
d C-104**DM*