

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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. NMNM70965X
2. Name of Operator BOPCO LP		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. NMNM70965X
3b. Phone No. (include area code) Ph: 432-683-2277		8. Well Name and No. JAMES RANCH UNIT 107H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 36 T22S R30E 860FSL 990FWL		9. API Well No. 30-015-37062
		10. Field and Pool, or Exploratory QUAHADA RIDGE SE (DELAWARE)
		11. County or Parish, and State EDDY COUNTY, NM

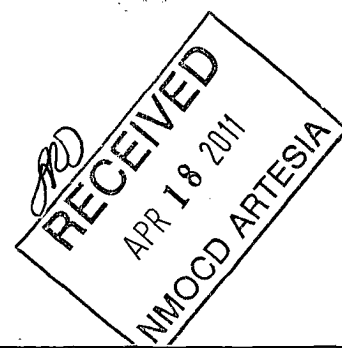
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other

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.)

ATTN: JOHN FAST

BOPCO, L.P. respectfully requests approval to utilize chlorine dioxide for bacterial treatment and pH management of fresh water frac pit. Water will be treated at a pump rate such that no chlorine dioxide off gassing will occur. Analytical measurements will be taken prior to and during treatment to assure high purity and appropriate concentration of chlorine dioxide are used for treatment. We will maintain a neutral pH range throughout the treatment.

J. Fast 4-12-11

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #103469 verified by the BLM Well Information System For BOPCO LP, sent to the Carlsbad	
Name (Printed/Typed) VALERIE TRUAX	Title REGULATORY CLERK
Signature (Electronic Submission)	Date 03/01/2011

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <i>[Signature]</i>	Title <i>[Signature]</i> FIELD MANAGER	Date 4/15/11
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 CARLSBAD FIELD 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.

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