Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT OCD Artesia

FORM APPROVED OMB No. 1004-0137

SUNDRY NOTICES AND REPORTS ON WELLS

Expires July 31, 2010 5. Lease Serial No. NMLC068431 6. If Indian. Allottee or Tribe Name

	form for proposals t Use Form 3160-3 (A						
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No. NMNM71016X		
1. Type of Well							
Oil Well Gas Well Other					8. Well Name and No. Poker Lake Unit #319H		
2. Name of Operator					9. API Well No.		
BOPCO, L.P. 3a. Address	(include area c	30-015-39834 <i>Iude area code</i>					
			683-2277	ouc,	Nash Draw, Delaware/BS (Av.Sand)		
4 Location of Well (Footage, Sec. T.			003-ZZ11	······································	11. Country or Parish,		
Sec. 4,24S,30E					Eddy	NM	
12. CHEC	CK THE APPROPRIATE BO	X(ES) TO IND	ICATE NATUI	RE OF NOTIC	 	CR DATA	
TYPE OF SUBMISSION			T	YPE OF ACT	ION		
Notice of Intent	Acidıze	Deep	en	X Produ	uction (Start/Resume)	☐ Water Shut-Off	
	Alter Casing	Fract	ure Treat	Recla	unation	Well Integrity	
X Subsequent Report	Casing Repair	☐ New	Construction	Reco	mplete	Other	
	Change Plans	Plug	and Abandon	Temp	orarily Abandon		
Final Abandonment Notice	Convert to Injection	Plug	Back	Wate	r Disposal		
AD ode 8/29/12		AUG 1 4 2012 OCD ARTESIA			AUG	POR RECORD 1 2 2012 AND MANAGEMENT	
1,					CARLSBA	D FIELD OFFICE	
14. I hereby certify that the foregoing is t	rue and correct Name (Printe	d/Typed)					
Sandra J. Belt	Title Sr. Regulat			egulatory	y Clerk		
Signature Sandia J-Belf			Date 07/20/2012				
	THIS SPACE	FOR FEDE	RAL OR S	TATE OF	ICE USE		
Approved by		-					
Conditions of approval, if any, are attached that the applicant holds legal or equitable tentitle the applicant to conduct operations	itle to those rights in the subject				[D	ate	
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements of representations.			_	and willfully to	make to any department	or agency of the United States any talse	