

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

**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.*FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 20105. Lease Serial No.  
NMNM02887A

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
JAMES RANCH UNIT 120H9. API Well No.  
30-015-3811610. Field and Pool, or Exploratory  
QUAHADA RIDGE; DEL., SE11. County or Parish, and State  
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
BOPCO LP  
Contact: TRACIE J CHERRY  
E-Mail: tjcherry@basspet.com3a. Address  
P O BOX 2760  
MIDLAND, TX 797023b. Phone No. (include area code)  
Ph: 432-221-73794. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 8 T23S R31E SWSE 290FSL 1990FEL

## 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"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring
	<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 recomplete 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 recompletion 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.)

BOPCO, LP respectfully submits this sundry for intent to intermittently flare on the referenced agreement for 90-days. Wells contributing to flare volume are as follows:

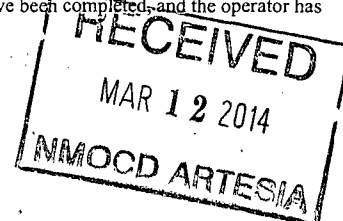
Lease / Well Name / API

SUBJECT TO LIKE  
APPROVAL BY STATE

NMNM02887A / JAMES RANCH UNIT 120H / 30-015-38116-00-S1  
NMNM02887A / JAMES RANCH UNIT 121H / 30-015-38119-00-S1  
NMNM02887A / JAMES RANCH UNIT 65 / 30-015-27995-00-C1

Estimated flare volume 35 MCFD for this agreement number.

Intermittent flaring is necessary due to pipeline capacity at respective sales points.

SEE ATTACHED FOR  
CONDITIONS OF APPROVALUD 3/13/14  
Approved for record

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #221278 verified by the BLM Well Information System  
For BOPCO LP, sent to the Carlsbad  
Committed to AFMSS for processing by JUNE CARRASCO on 10/24/2013 ( )

Name (Printed/Typed) TRACIE J CHERRY

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 09/26/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

APPROVED

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

MAR 7 2014

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 any false statement or representation to any agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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

**Additional data for EC transaction #221278 that would not fit on the form**

**32. Additional remarks, continued**

(This sundry is submitted for flaring done Jun-Aug 2012 all volumes reported through ONRR. Sundry for Subsequent Report to be filed with total volume)

BUREAU OF LAND MANAGEMENT  
Carlsbad Field Office  
620 East Greene Street  
Carlsbad, New Mexico 88220  
575-234-5972

**3/7/2014 Approved subject to Conditions of Approval. JDB**

**Condition of Approval to Flare Gas**

1. Report all volumes on OGOR reports.
2. Comply with NTL-4A requirements
3. Subject to like approval from NMOCD
4. **Flared volumes will still require payment of royalties**
5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
6. This approval does not authorize any additional surface disturbance.
7. Submit updated facility diagram as per Onshore Order #3.
8. Approval not to exceed 90 days for date of approval.
9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
10. If flaring is still required past 90 days submit new request for approval.
11. If a portable unit is used to flare gas it must be monitored at all times.
12. Comply with any restrictions or regulations when on State or Fee surface.

JDB