|                                                                                                                                                                                          |                                                                                                                                           |                                                                                                                 |                                                                                                                                                                                                               | <u> </u>                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| 3P                                                                                                                                                                                       | · .                                                                                                                                       |                                                                                                                 |                                                                                                                                                                                                               |                                                                                   |  |
| Form 3160-5 (August 2007)  UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT  OCD Artesia                                                                               |                                                                                                                                           |                                                                                                                 | OMB<br>Expire                                                                                                                                                                                                 | FORM APPROVED<br>OMB NO. 1004-0135<br>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.<br>NMNM028871                                                                                                                                                                             |                                                                                   |  |
|                                                                                                                                                                                          |                                                                                                                                           |                                                                                                                 | 6. If Indian, Allotte                                                                                                                                                                                         | e or Tribe Name                                                                   |  |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                               |                                                                                                                                           |                                                                                                                 | 7. If Unit or CA/Ag<br>891000558X                                                                                                                                                                             | reement, Name and/or No.                                                          |  |
| 1. Type of Well                                                                                                                                                                          | , 8. Well Name and N<br>JAMES RANCH                                                                                                       |                                                                                                                 |                                                                                                                                                                                                               |                                                                                   |  |
| ☑ Oil Well ☐ Gas Well ☐ Oth                                                                                                                                                              |                                                                                                                                           | TDACIF LOUEDBY                                                                                                  |                                                                                                                                                                                                               |                                                                                   |  |
| 2. Name of Operator Contact: TRACIE J CHERRY BOPCO LP E-Mail: tjcherry@basspet.com                                                                                                       |                                                                                                                                           |                                                                                                                 | 9. API Well No.<br>30-015-38120                                                                                                                                                                               |                                                                                   |  |
| 3a. Address<br>P O BOX 2760<br>MIDLAND, TX 79702                                                                                                                                         |                                                                                                                                           | 3b. Phone No. (include area code<br>Ph: , 432-221-7379                                                          |                                                                                                                                                                                                               | or Exploratory<br>IDGE; DEL., SE                                                  |  |
| 4: Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                   |                                                                                                                                           |                                                                                                                 | 11. County or Paris                                                                                                                                                                                           | h, and State                                                                      |  |
| Sec 8 T23S R31E NWSE 200                                                                                                                                                                 | OFSL 1750FEL                                                                                                                              |                                                                                                                 | EDDY COUN                                                                                                                                                                                                     | TY, NM                                                                            |  |
|                                                                                                                                                                                          |                                                                                                                                           |                                                                                                                 |                                                                                                                                                                                                               |                                                                                   |  |
| 12. CHECK APPI                                                                                                                                                                           | ROPRIATE BOX(ES) TO                                                                                                                       | O INDICATE NATURE OF                                                                                            | NOTICE, REPORT, OR OTH                                                                                                                                                                                        | ER DATA                                                                           |  |
| TYPE OF SUBMISSION                                                                                                                                                                       | TYPE OF ACTION                                                                                                                            |                                                                                                                 |                                                                                                                                                                                                               |                                                                                   |  |
| Notice of Intenty                                                                                                                                                                        | ☐ Acidize                                                                                                                                 | □ Deepen                                                                                                        | ☐ Production (Start/Resume) ☐ Water Shut-Off                                                                                                                                                                  |                                                                                   |  |
| ·                                                                                                                                                                                        | ☐ Alter Casing                                                                                                                            | ☐ Fracture Treat                                                                                                | ☐ Reclamation                                                                                                                                                                                                 | ■ Well Integrity                                                                  |  |
| ☐ Subsequent Report                                                                                                                                                                      | Casing Repair                                                                                                                             | ■ New Construction                                                                                              | ☐ Recomplete                                                                                                                                                                                                  |                                                                                   |  |
| ☐ Final Abandonment Notice                                                                                                                                                               | Change Plans                                                                                                                              | □ Plug and Abandon                                                                                              | □ Temporarily Abandon                                                                                                                                                                                         | ☐ Temporarily Abandon Venting and/or Flaring                                      |  |
| •                                                                                                                                                                                        | ☐ Convert to Injection                                                                                                                    | Plug Back                                                                                                       | ☐ Water Disposal                                                                                                                                                                                              |                                                                                   |  |
| Attach the Bond under which the wor following completion of the involved                                                                                                                 | ally or recomplete horizontally,<br>ik will be performed or provide<br>operations. If the operation re<br>pandonment Notices shall be fil | give subsurface locations and meas<br>the Bond No. on file with BLM/BI<br>sults in a multiple completion or rec | ng date of any proposed work and appr<br>sured and true vertical depths of all per<br>A. Required subsequent reports shall<br>completion in a new interval, a Form 3<br>ding reclamation, have been completed | tinent markers and zones.<br>be filed within 30 days<br>160-4 shall be filed once |  |
| BOPCO, LP respectfully submagreement for 90-days. Wells                                                                                                                                  | its this sundry for intent t contributing to the flaring                                                                                  | o intermittently flare on the reg volume are as follows:                                                        |                                                                                                                                                                                                               |                                                                                   |  |
| Lease number/well/API                                                                                                                                                                    |                                                                                                                                           |                                                                                                                 | / "FCE                                                                                                                                                                                                        | <i>(</i> 1)                                                                       |  |
| NMNM02953C / JAMES RANG<br>NMNM04473 / JAMES RANG<br>NMNM02952A / JAMES RANG<br>NMNM02887B / JAMES RANG<br>NMNM02884B / JAMES RANG<br>NMNM02887D / JAMES RANG<br>NMNM02887A / JAMES RANG | H UNIT 030W / 30-015-2<br>CH UNIT 012H / 30-015-2<br>CH UNIT 015-S / 30-015-<br>CH UNIT 110H / 30-015-3                                   | 7704-00-C2<br>22162-00-S03<br>-24780-00-S3<br>38115-00-S1                                                       | MAR 12                                                                                                                                                                                                        | PUI4<br>ACHED FOR                                                                 |  |

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

Electronic Submission #216952 verified by the BLM Well Information System For BOPCO LP, sent to the Carlsbad
Committed to AFMSS for processing by JOHNNY DICKERSON on 08/15/2013 () Title Name(Printed/Typed) TRACIE J CHERRY **REGULATORY ANALYST** (Electronic Submission) Signature THIS SPACE FOR FEDERAL OR STATE OFFICE US Approved By Title Date MAR 1 0 2014 Conditions of approval, if any are attached. Approval of the 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 of agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. CARLSBAD FIELD OFFICE

APPROVAL BY STATE

SEE ATTACHED FOR CONDITIONS OF APPROVAL

### Additional data for EC transaction #216952 that would not fit on the form

#### 32. Additional remarks, continued

NMNM02887A / JAMES RANCH UNIT 124H / 30-015-38113-00-S1 NMNM02887A / JAMES RANCH UNIT 79 / 30-015-31056-00-C1 NMNM02887A / JAMES RANCH UNIT 79B / 30-015-31056-00-C2 NMNM02952A / JAMES RANCH UNIT 140H / 30-015-39809-00-S1 NMNM02952A / JAMES RANCH UNIT 141H / 30-015-39972-00-S1

Estimated flare volume 508 MCD/day

Intermitant flaring is necessary due to pipeline capacity at respective sales point.

(This sundry is submitted for flaring done Jan-Mar 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

## 3/10/2014 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 -