

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONSERVATION DIVISION
811 S. FIRST STREET
ARTESIA, NM 88210

FORM 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.

5. Lease Serial No.
NMNM0522A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
891000303X

8. Well Name and No.
POKER LAKE UNIT 411H

9. API Well No.
30-015-39930-00-S1 **4**

10. Field and Pool, or Exploratory
POKER LAKE S

11. County or Parish, and State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
BOPCO LP
Contact: TRACIE J CHERRY
E-Mail: tjcherry@basspet.com

3a. Address
MIDLAND, TX 79702

3b. Phone No. (include area code)
Ph: 432-221-7379

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 28 T24S R31E NWNE 1000FNL 1850FEL
32.192697 N Lat, 103.779717 W Lon

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 Notice of Intent to intermittently flare on the referenced agreement number for 90-days, January-March 2014

Wells at this facility:

- Poker Lake Unit 058 / 30-015-24190-00-S3
- Poker Lake Unit 302H / 30-015-37647-00-S1
- Poker Lake Unit 357H / 30-015-39143-00-S1
- Poker Lake Unit 401H / 30-015-39918-00-S1
- Poker Lake Unit 412H / 30-015-39919-00-S1
- Poker Lake Unit 413H / 30-015-39794-00-S1
- Poker Lake Unit 400H / 30-015-40802-00-S1

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

**NM OIL CONSERVATION
ARTESIA DISTRICT**

Accepted for record
URS NMOC 2/13/15

FEB 13 2015

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #234317 verified by the BLM Well Information System
For BOPCO LP, sent to the Carlsbad
Committed to AFMSS for processing by MEIGHAN SALAS on 05/01/2014 (14MMS0047SE)

RECEIVED

Name (Printed/Typed) TRACIE J CHERRY Title REGULATORY ANALYST

Signature (Electronic Submission) Date 02/03/2014

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE FEB 10 2015

Approved By _____ Title _____

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 _____

**BUREAU OF LAND MANAGEMENT
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.

Additional data for EC transaction #234317 that would not fit on the form

32. Additional remarks, continued

Poker Lake Unit 411H / 30-015-39930-00-S1
Poker Lake Unit 409H / 30-015-41136

Flaring will be intermittent and is necessary due to restricted pipeline capacity

Estimated 1000 MCFD could go to flare depending on pipeline conditions.

Gas will be measured prior to flaring and reported on monthly production reports.

**Poker Lake Unit 411H
30-015-39930
BOPCO LP
February 10, 2015
Conditions of Approval**

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.

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