Ī	UNITED STATE: EPARTMENT OF THE I BUREAU OF LAND MANA	NTERIOR GEMENT	OCD Artesia	FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No.		
SUNDRY Do not use tl	NMLC069513A					
abandoned w	his form for proposals to ell. Use form 3160-3 (AP	D) for such proposals.		6. If Indian, Allottee	or Tribe Name	
SUBMIT IN TR	IPLICATE - Other instruc	ctions on reverse side.		7. If Unit or CA/Agree	eement, Name and/or No.	
1. Type of Well 🔲 Gas Well 🔲 O	ther	· · · ···		8. Well Name and No POKER LAKE C	VX JV PB 002H 31526	
2. Name of Operator BOPCO LP	Contact: TRACIE J CHERRY E-Mail: tjcherry@basspet.com			9. API Well No. 30-015-39932-00-S1		
a. Address P O BOX 2760 MIDLAND, TX 79702		3b. Phone No. (include area of Ph: 432-221-7379			r Exploratory	
Location of Well (Footage, Sec.,	T., R., M., or Survey Description	)  )		11. County or Parish, and State		
Sec 3 T26S R30E SWSE 30	,		EDDY COUNTY, NM			
12. CHECK APP	PROPRIATE BOX(ES) TO	O INDICATE NATURE O	F NOTICE, R	EPORT, OR OTHE	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	🗋 Acidize	Deepen		tion (Start/Resume)	U Water Shut-Off	
—	Alter Casing	Fracture Treat	🗖 Reclam	ation	🗖 Well Integrity	
Subsequent Report	Casing Repair	New Construction	🗖 Recom	plete	🔀 Other	
Final Abandonment Notice	Change Plans	Plug and Abandon	🗖 Tempor	orarily Abandon		
Convert to Injection		Plug Back	g Back 🔲 Water Disposal			
		sults in a multiple completion or			oo 4 shan be med onee	
determined that the site is ready for BOPCO, LP respectfully requ Determiniation dated 07/21/1 Previous Well Name: Poker I	final inspection.) Jests "Unit" be removed fro 5. Commercial Determina Lake Unit CVX JV PB 002I	ed only after all requirements, ind om the well name per the C tion letter and NMOCD For	cluding reclamatio	n, have been completed,	and the operator has	
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District 1 1625 N. French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 District III 1000 Rio Brazos Rond, Aztee, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

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## State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

1	API Number	er <sup>1</sup> Pool Code				<sup>3</sup> Pool Name				
30	-015-3993	32		96403		Wildcat; Bone Spring				
<sup>4</sup> Property Code				<sup>5</sup> Property Name				• Well Number		
				Poker Lake CVX JV PB				. 2H		
<sup>7</sup> OGRID	No.	Operator Name				<sup>9</sup> Elevation				
26073	7	BOPCO, LP					3163			
					" Surface L	ocation				
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
0	3	26S	30E		300	South	1980	East	Eddy	
			" Bo	ttom Hol	e Location If	Different From	Surface		-	
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
В	3	265	30E		232	North	1979	East	Eddy	
<sup>12</sup> Dedicated Acre 160	s <sup>13</sup> Joint of	r Infill <sup>14</sup> Ce	onsolidation (	Code <sup>13</sup> On	der No.		·····		_ · · · · · · · · · · · · · · · · · · ·	

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

16	2321	ſ		<sup>17</sup> OPERATOR CERTIFICATION 1 hereby certify that the information contained herein is true and complete
		Bett	1979 ,	to the best of my knowledge and belief, and that this organization either
	[	l		owns a working interest or unleased mineral interest in the land including
	1			the proposed bottom hole location or has a right to drill this well at this
				location pursuant to a contract with an owner of such a mineral or working
· ·		l		interest, or to a voluntary pooling agreement or a compulsary pooling
		1		order herepfore entered by the division.
		l E	(	Sunture Call 15-15
		1		Tracle J Cherry Printed Name
		1		i <u>icherry@basspet.com</u> E-mail Address
				"SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys
		1		made by me or under my supervision, and that the same is true and correct to the best of my belief.
		1		Date of Survey
		l		Signature and Seal of Professional Surveyor:
		1 700 001 2031 051 1 1979' 051	4	
		L SHL	1900	·
	300	1	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Certificate Number