Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD Artesia

FORM APPRO	VED
OMB NO. 1004	-0135
Everyone July 31	2010

5. Lease Serial No. NMI C068905

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.		NMLC068905			
		6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE - Other instructions on reverse side.			7. If Unit or CA/Agreement, Name and/or No. 891000303X		
1. Type of Well Gas Well Gother			8. Well Name and No. POKER LAKE UNIT CVX JV BS 002H		
Name of Operator BOPCO LP Contact: TRACIE J CHERRY E-Mail: tjcherry@basspet.com			9. API Well No. 30-015-37147-00-S1		
3a. Address P O BOX 2760 MIDLAND, TX 79702		one No. (include area code) 432-221-7379		10. Field and Pool, or Exploratory MultipleSee Attached	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish, and State		
Sec 11 T24S R30E SESE 255FSL 1300FEL			EDDY COUNTY, NM		
12. CHECK APPI	ROPRIATE BOX(ES) TO INC	DICATE, NATURE OF	NOTICE, RE	PORT, OR OTHE	R DATA
TYPE OF SUBMISSION	TYPE OF ACTION _			-	
Notice of Intent	Acidize Deepen Proc		□ Producti	tion (Start/Resume)	
	☐ Alter Casing	☐ Fracture Treat	Reclama	tion	■ Well Integrity
☐ Subsequent Report	Casing Repair	□ New Construction	☐ Recomp	lete	Other
☐ Final Abandonment Notice	☐ Change Plans	□ Plug and Abandon	☐ Temporarily Abandon☐ Water Disposal		Venting and/or Flari ng
	☐ Convert to Injection	Plug Back			
testing has been completed. Final Abdetermined that the site is ready for final BOPCO, LP respectfully submitted and the street of the street	its this sundry for Notice of Inte	efter all requirements, incluent to intermittently flare to conditions. Flaring we	ding reclamation	ew interval, a Form 3166, have been completed, a NM OIL CON ARTESIA I	SERVATION DISTRICT
Gas volumes will be metered production reports	orior to flaring, allocated back to control to flaring, allocated back to control to flaring the control to flarin	o each well and reporte	ed on monthly	MATERIAL IONS:OFFAI	RED PROYALL
	Electronic Submission #315964 For BOPCC itted to AFMSS for processing b) LP, sent to the Carlsbary JENNIFER SANCHEZ	adt //	(16143035754)	1
Name (Printed/Typed) TRACIE J	CHERRY	Time REGO	LATORI ANA	\/	/
Signature (Electronic S	ubmission)	Date 09/10/2	2015 F P	ROVED_	
	THIS SPACE FOR FE	DERAL OR STATE	OFFICE US	ie / V _ V/	
Approved By		Title	OCT	5/2015	Date
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu	itable title to those rights in the subjec		BU CARLSB	MONA INGENEN	
Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s	J.S.C. Section 1212, make it a crime f tatements or representations as to any	or any person knowingly and matter within its jurisdiction	i willfully to mai	ke to any department or	gency of the United

Additional data for EC transaction #315964 that would not fit on the form

10. Field and Pool, continued

WILDCAT

Flaring Conditions of Approval.

- 1. Report all volumes on OGOR B as disposition code 08.
- 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 from date requested on sundry.
- 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.

JAM 101515