Office Engage Minage	State of New Mexico Energy, Minerals and Natural Resources	
1625 N. French Dr., Hobbs, N		WELL API NO. 30-015-34781
1501 W. Gland H.V., Theoste	RVATION DIVISION	5. Indicate Type of Lease
1000 Dio Prozoc Dd. Azteo MIN 974 Dise	th St. Francis Dr. Month-Ye	or STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, Nor	Fe, NM 87505	6. State Oil & Gas Lease No.
87505 CD - ARIESIA, NM /		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name POKER LAKE UNIT
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 191A
2. Name of Operator BEPCO, L.P.		9. OGRID Number 001801
3. Address of Operator P.O. BOX 2760 MIDLAND, TX 79702-2760		10. Pool name or Wildcat NASH DRAW (DEL/BS/AVAL)
4. Well Location		
Unit Letter I : 1980 feet from the SOUTH line and 660 feet from the EAST line		
Section 7 Township 24S Range 30E NMPM CountyEDDY		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3195' GL		
Pit or Below-grade Tank Application or Closure		
Pit type DRILLING Depth to Groundwater >100' Distance from nearest fresh water well >200' Distance from nearest surface water >1000'		
Pit Liner Thickness: 12 mil Below-Grade Tank:	Volume 7300 bbls; Co	nstruction Material SYNTHETIC
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL	☐ COMMENCE DRI	
		_
OTHER: OTHER:PIT CLOSURE 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date		
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompletion.		
PIT CLOSED 03/08/2007 PER PIT CLOSURE PLAN APPROVED ON 01/12/2007.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines [X], a general permit [] or an (attached) alternative OCD-approved plan [].		
SIGNATURE and Moore	TITLE PRODUCTION CLER	K DATE 05/01/2007
Type or print name ANN MOORE For State Use Only	E-mail address:camoorebassp	et.com Telephone No. (432)683-2277
APPROVED BY:Conditions of Approval (if any):	TITLE	DATE