

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

## 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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1 Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other2 Name of Operator  
BEPCO, L.P.

SEP 24 2007

OCD-ARTESIA

3a Address

P.O. BOX 2760 MIDLAND TX 79702-2760

3b. Phone No (include area code)

(432)683-2277

4 Location of Well (Footage, Sec., T., R., M., or Survey Description)

SEC 30, T24S, R30E, SESE UL P, 330' FSL & 560' FEL  
LAT. 32.10559 N LAT. & LONG. 103.54501 W

5. Lease Serial No.

NMLC069627

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No  
NMNM71016

8 Well Name and No

POKER LAKE UNIT #227

9. API Well No.

30-015-33929

10 Field and Pool, or Exploratory Area

NASH DRAW - DELAWARE

11. County or Parish, State

EDDY

NM

## 12 CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 Squeeze Perfs
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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.)

BEPCO, L. P. made the decision to squeeze delaware perfs from 5450'-5695' in this disposal well due to communication with the Horned Toad 36 State #1H in section 36.

MIRU PU, release Baker 4-1/2" Loc-Set packer and POOH with 2-3/8" tubing.

PU and RIH wireline and 4-1/2" CIBP and set @ 5760'. POOH w/ wireline. RIH w/ Baker 4-1/2" Retrievalmatic pkr on 2-3/8" work-string tubing and set @ 5722'. Test CIBP to 3000 psi.

PUH to 5374' and test 2-3/8" annulus to 1000 psi. POOH w/ 2-3/8" tubing. RIH w/ Baker 4-1/2" 11.6# cement retainer & 172 jts 2-3/8" tbg to 5402'. Pump 500 bbls of Marathon gel product and SI overnight.

MIRU BJ Services and squeeze delaware perfs with 100 sacks of Thixotropic cement and 100 sxs of Class C cement + additives followed by 2 bbls of fresh water. Shut down for 20 minutes. Re-establish injection and hesitate squeeze. POOH w/ 2-3/8" tubing and RD BJ Services. WOC for 24 hrs.

MIRU reverse unit & drill out cement & retainer to CIBP @ 5760'. Push CIBP to PBTD. POOH and lay down workstring.

PU & RIH w/ 4-1/2" Baker Loc-Set packer and 186 jts 2-3/8" tubing and set pkr. @ 6166'. Pressure test 2-3/8" x 4-1/2" annulus to 500 psi. RD and return well to injection.

14 I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

ANN MOORE

Title PRODUCTION CLERK

Signature

Date 09/12/2007

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

/S/ DAVID R. GLASS

Title

Date

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

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.

(Instructions on page 2)

Accepted for record - NMOC

9/26/07