| Submit 3 Copies To Appropriate District Office                                                                                                                                                                                                                                   | State of New Mexico<br>Energy, Minerals and Natural Resources |             |                  | Form C-103<br>June 19, 2008                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------|------------------|-------------------------------------------------------|
| <u>District I</u><br>1625 N. French Dr., Hobbs, NM 88240                                                                                                                                                                                                                         | Energy, wither als and Natural Resources                      |             |                  | WELL API NO.                                          |
| <u>District II</u><br>1301 W. Grand Ave., Artesia, NM 88210                                                                                                                                                                                                                      | OIL CONSERVATION DIVISION                                     |             |                  | 30-015-27208                                          |
| District III                                                                                                                                                                                                                                                                     | 1220 South St. Francis Dr.                                    |             |                  | 5. Indicate Type of Lease  STATE X FEE                |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV                                                                                                                                                                                                                              | Santa Fe, NM 87505                                            |             |                  | 6. State Oil & Gas Lease No.                          |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                                                                                                                                                                                                                                   |                                                               |             |                  | E-5229                                                |
| 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 JAMES RANCH UNIT |
| 1 Type of Well Oil Well Gas Well X Other                                                                                                                                                                                                                                         |                                                               |             |                  | 8. Well Number 18                                     |
| 2. Name of Operator BOPCO, L. P. JAN 2 1 2009                                                                                                                                                                                                                                    |                                                               |             |                  | 9. OGRID Number<br>260737                             |
| 3. Address of Operator P. O. BOX Midland,                                                                                                                                                                                                                                        | K 2760                                                        | OCD.        | ARTESIA          | 10. Pool name or Wildcat LOS MEDANOS (MORROW)         |
| 4. Well Location                                                                                                                                                                                                                                                                 |                                                               |             |                  |                                                       |
| Unit Letter G: 1980' feet from the NORTH line and 1980' feet from the EAST line                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
| Section 36 Township 22S Range 30E NMPM County EDDY                                                                                                                                                                                                                               |                                                               |             |                  |                                                       |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3316.5 GL                                                                                                                                                                                                                     |                                                               |             |                  |                                                       |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                                                                                                                                                     |                                                               |             |                  |                                                       |
|                                                                                                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
| NOTICE OF IN                                                                                                                                                                                                                                                                     | ITENTION TO:<br>PLUG AND ABANDON                              |             | REMEDIAL WORK    | SEQUENT REPORT OF:  C                                 |
| TEMPORARILY ABANDON ☒ CHANGE PLANS ☐ COMMENCE DRI                                                                                                                                                                                                                                |                                                               |             |                  |                                                       |
| PULL OR ALTER CASING                                                                                                                                                                                                                                                             | MULTIPLE COMPL                                                |             | CASING/CEMENT    |                                                       |
| DOWNHOLE COMMINGLE                                                                                                                                                                                                                                                               |                                                               |             |                  | -                                                     |
| OTHER:                                                                                                                                                                                                                                                                           |                                                               |             | OTHER:           | П                                                     |
| 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. |                                                               |             |                  |                                                       |
| BEPCO, L. P. RESPECTFULLY REQUESTS PERMISSION TO TEMPORARILY ABANDON THE SUBJECT WELLBORE                                                                                                                                                                                        |                                                               |             |                  |                                                       |
| FOR ONE YEAR. DURING THIS TIME, BEPCO WILL EXPLORE ANY ADDITIONAL POTENTIAL FOR PRODUCTION OR                                                                                                                                                                                    |                                                               |             |                  |                                                       |
| USE AS A SERVICE WELL.                                                                                                                                                                                                                                                           |                                                               |             |                  |                                                       |
|                                                                                                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
|                                                                                                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
|                                                                                                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
|                                                                                                                                                                                                                                                                                  | •                                                             |             |                  |                                                       |
|                                                                                                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
|                                                                                                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
|                                                                                                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
|                                                                                                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
| Spud Date:                                                                                                                                                                                                                                                                       | Rig F                                                         | Release Da  | ıte:             |                                                       |
|                                                                                                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
|                                                                                                                                                                                                                                                                                  |                                                               |             |                  |                                                       |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                                                                                                                                                         |                                                               |             |                  |                                                       |
| $\cap$ $\cap$                                                                                                                                                                                                                                                                    | <b>Y</b> • •                                                  |             |                  |                                                       |
| SIGNATURE TITLE Sr. Regulatory Clerk                                                                                                                                                                                                                                             |                                                               |             |                  | DATE <u>01/16/2009</u>                                |
| Type or print name Ann Moore For State Use Only                                                                                                                                                                                                                                  | E-m                                                           | ail address | : camoore@basspe | t.com PHONE: <u>(432)683-2277</u>                     |
|                                                                                                                                                                                                                                                                                  | INIEM                                                         | Г           |                  | D : 577                                               |
| APPROVED BY:  Conditions of Approval (if any):                                                                                                                                                                                                                                   | TITL                                                          |             |                  | DATE                                                  |
|                                                                                                                                                                                                                                                                                  | Ser attoched                                                  | 1           |                  |                                                       |

## Reason for Denial

## 19.15.25.13 Request for approval and permit for approved temporary abandonment:

A. An operator seeking approval for approved temporary abandonment shall submit on form C-103 a notice of intent to seek approved temporary abandonment for the well describing the proposed temporary abandonment procedure the operator will use. The operator shall not commence work until the division has approved the request. The operator shall give 24 hours notice to the appropriate division district office before beginning work.