

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**N.M. OIL CONSERVATION DIVISION**  
**811 S. FIRST STREET**  
**ARTESIA, NM 88210**

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC063873A
2. Name of Operator BOPCO LP		6. If Indian, Allottee or Tribe Name
3a. Address MIDLAND, TX 79702		7. If Unit or CA/Agreement, Name and/or No. 891000303X
3b. Phone No. (include area code) Ph: 432-221-7379		8. Well Name and No. PLU BIG SINKS 14 25 30 USA 4H CVX JVB58H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 14 T25S R30E SESW 300FSL 1980FWL		9. API Well No. 30-015-39508-00-S1
10. Field and Pool, or Exploratory WILDCAT		11. County or Parish, and State EDDY COUNTY, NM

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

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

BOPCO, LP respectfully submits this sundry for Notice of Intent to intermittently flare for 90-days, January-March 2014.

Wells at this facility include:

Well / API

- new names*
- PLU Big Sinks 14 25 30 USA 4H / 30-015-39508-00-S1
  - PLU Big Sinks 15 25 30 USA 4H / 30-015-39693-00-S1
  - PLU Phantom Banks 22 25 30 USA 4H / 30-015-40763-00-S1
  - PLU Big Sinks 24 25 30 USA 1Y / 30-015-41693

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

FEB 13 2015

**SEE ATTACHED FOR  
CONDITIONS OF APPROVAL**

RECEIVED

Accepted for record

*MD* MOC 2/13/15

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #234320 verified by the BLM Well Information System</b> <b>For BOPCO LP, sent to the Carlsbad</b> <b>Committed to AFMSS for processing by MEIGHAN SALAS on 05/01/2014 (14MMS0049SE)</b>	
Name (Printed/Typed) TRACIE J CHERRY	Title REGULATOR ANALYST
Signature (Electronic Submission)	Date 02/03/2014
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>	
Approved By _____	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.	
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.	

**ACCEPTED FOR RECORD**  
FEB 10 2015  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

**Additional data for EC transaction #234320 that would not fit on the form**

**32. Additional remarks, continued**

Flaring will be intermittent and is necessary due to restricted pipeline capacity. Estimated 200 MCFD could go to flare on this agreement number depending on pipeline conditions.

Gas will be measured prior to flaring and reported on monthly production reports.

**PLU CVX JV BS 8H  
30-015-39508  
BOPCO LP  
February 10, 2015  
Conditions of Approval**

1. Report all volumes on OGOR reports.
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 for date of approval.
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.

**021015 JAM**