Form 3160-5 (August 2007)

NMOCD Artesia

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No.

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name	
1. Type of Well Soil Well: Gas Well Other				8. Well Name and No. BIG EDDY 151	
2. Name of Operator Contact: TRACIE J CHERRY BOPCO LP E-Mail: tjcherry@basspet.com				9. API Well No. 30-015-33157-00-S3	
3a. Address P O BOX 2760 MIDLAND, TX 79702	Phone No. (include area code 432-683-2277)	10. Field and Pool, or Exploratory CARLSBAD		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, and State	
Sec 30 T21S R28E SENE 1650FNL 990FEL				EDDY COUNTY, NM	
12. CHECK APPE	ROPRIATE BOX(ES) TO INC	DICATE NATURÉ OF I	NOTICE, R	EPORT, OR OTHER	R DATA
TYPE OF SUBMISSION		ТҮРЕ О			
☐ Notice of Intent	☐ Acidize	□ Deepen	☐ Product	ion (Start/Resume)	☐ Water Shut-Off
_	☐ Alter Casing	☐ Fracture Treat	□ Reclam	ation	☐ Well Integrity
Subsequent Report ✓	☐ Casing Repair	■ New Construction	☐ Recom	lete 🔀 Other	
☐ Final Abandonment Notice	☐ Change Plans	Plug and Abandon	☐ Temporarily Abandon		Venting and/or Flari
	☐ Convert to Injection	□ Plug Back	g Back		
following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fi BOPCO, LP respectfully submoctober-December 2014. Intermittent flaring was necess Total of 5433 MCF was flared. October - 247 MCF November - 3016 MCF December - 2170 MCF Gas was metered prior to flare	andonment Notices shall be filed only nat inspection.) its this sundry for Subsequent sary due to restricted pipeline of	rafter all requirements, include Report of Flaring for 90-capacity.	ling reclamation	NM OIL CONSE ARTESIA DIS OCT 3 0 2	ERVATION TRICT
) NM	OCD
14. I hereby certify that the foregoing is	Electronic Submission #28920	0 verified by the BLM Wel DLP, sent to the Carlsba		System	
	mitted to AFMSS for processing	by JAMIE RHOADES on	09/15/2015 (/ /	
Name (Printed/Typed) TRACIE J	CHERRY	Title REGUL	ATORY AN	CCEPTED FOR	RECORDI
Signature (Electronic S	ubmission)	Date 01/23/2	- 1	1/12010	TILCOND
	THIS SPACE FOR FE	DERAL OR STATE	OFFICE U	OCT 2	X5 ///
Approved By		Title		BUREMI DENT	SYNOMIN
conditions of approval, if any, are attached ertify that the applicant holds legal or equivalent would entitle the applicant to conduct		/	AFL YEAD F DO	OFFICE	
itle 18 U.S.C. Section 1001 and Title 43 I			willfully to tha	le to any department or a	gency of the United