

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
Artesia

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.

5. Lease Serial No.
NMLC068431

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

7. If Unit or CA/Agreement, Name and/or No.
891000303X

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
POKER LAKE UNIT 261

2. Name of Operator
BOPCO LP
Contact: TRACIE J CHERRY
E-Mail: tjcherry@basspet.com

9. API Well No.
30-015-34877-00-S1

3a. Address
P O BOX 2760
MIDLAND, TX 79702

3b. Phone No. (include area code)
Ph: 432-221-7379

10. Field and Pool, or Exploratory
NASH DRAW-DELAWARE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 21 T24S R30E NWSE 1980FSL 1880FEL

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 Venting and/or Flaring
	<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.)

BOPCO, LP respectfully submits this sundry for Notice of Intent to intermittently flare for 90-days, October - December 2015.

Wells producing to this battery are as follows:

- POKER LAKE UNIT 041 / 300152093300S2
- POKER LAKE UNIT 261 / 300153487700S1
- POKER LAKE UNIT 291 / 300153554600S1
- POKER LAKE UNIT 293H1LAT / 300153811201S1
- POKER LAKE UNIT 293H2LAT / 300153811202S1
- POKER LAKE UNIT 343H / 300153866700S1
- POKER LAKE UNIT 325H / 300153939200S1

Accepted for record
NMOCD

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #315933 verified by the BLM Well Information System
For BOPCO LP, sent to the Carlsbad
Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/14/2015 (16JAS0327SE)

Name (Printed/Typed) TRACIE J CHERRY Title REGULATORY ANALYST

Signature (Electronic Submission) Date 09/10/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

OCT 15 2015
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

Approved By _____ Title _____ Date _____
Office _____

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.

Additional data for EC transaction #315933 that would not fit on the form

32. Additional remarks, continued

POKER LAKE UNIT 326H / 300153947900S1
POKER LAKE UNIT 362H / 300154079900S1
POKER LAKE UNIT 430H / 300154237400X1
POKER LAKE UNIT 431H / 300154224600X1

Estimated amount to flare is 500 MCFD, depending on pipeline conditions. Flaring will be intermittent and is necessary due to restricted pipeline capacity.

Gas is commingled at the flare to reduce the number flare stacks that would be needed for individual well locations.

Gas volumes will be metered prior to flaring, allocated back to each well and reported on monthly production reports

Flaring Conditions of Approval

1. Report all volumes on OGOR B as disposition code 08.
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 from date requested on sundry.
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.

JAM 101515