

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Carlsbad Field Office
NMOC
Artesia

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.

Serial No. NMOC063873A

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
POKER LAKE CVX JV BS 008H

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

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

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

3b. Phone No. (include area code)
Ph: 432-683-2277

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 14 T25S R30E SESW 300FSL 1980FWL

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 Change to Original APD
	<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 recomple 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 recomple 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 requests "Unit" be removed from the well name per the Commercial Well Determination approved 04/22/16. Commercial Determination letter and NMOCD Form C-102 attached.

Previous Well Name: Poker Lake Unit CVX JV BS 008H
New Well Name: Poker Lake CVX JV BS 008H

NM OIL CONSERVATION
ARTESIA DISTRICT
JUN 20 2016
RECEIVED

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #338838 verified by the BLM Well Information System
For BOPCO LP, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 05/16/2016 (16PP1157SE)

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

Signature (Electronic Submission) Date 05/11/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By (BLM Approver Not Specified) Mustafa Hogue Title **PETROLEUM ENGINEER** Date 06/15/2016

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 Carlsbad

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.



IN REPLY REFER TO:
NM 71016X
3180 (P0220)

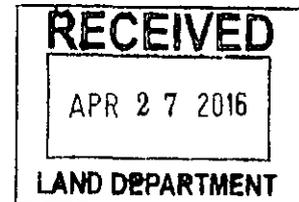
United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Pecos District
Carlsbad Field Office
620 E. Greene
Carlsbad, New Mexico 88220-6292
www.blm.gov/nm



4/22/2016



Reference:

Poker Lake Unit CVX JV BS 008H NM 71016X
First (1st) Bone Spring
Eddy County, New Mexico
Commercial Well Determination

BOPCO, L.P.
201 Main St, Suite 2900
Fort Worth, TX 76102-3131

Gentlemen:

Pursuant to your letter of July 17, 2015, this office concurs with your determination that the Poker Lake Unit CVX JV BS #008H completion is not capable of producing unitized substances in paying quantities.

This well's First (1st) Bone Spring completion is therefore not entitled to be part of a Participating Area and production from this formation should be reported on a lease basis. Also, a Sundry shall be submitted to drop "Unit" from well name. Our concurrence is subject to like concurrence by the State Commissioner of Public Lands.

Under provisions of 43 CFR 3165.3, you may request a State Director Review of the decision described above. Such a request, including all supporting documents, must be filed in writing within 20 business days of receipt of this notice and must be filed with the State Director, Bureau of Land Management, P.O. Box 27115, Santa Fe, New Mexico 87502-0115. Such request shall not result in a suspension of the order unless the reviewing official so determines. Procedures governing appeals form instructions, orders, or decisions are contained in 43 CFR 2175.4 and 43 CFR Part 4.

District I
1625 N French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1,
2011
Submit one copy to appropriate
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

Effective 03/01/14

¹ API Number 30-015-39508	² Pool Code 96403	³ Pool Name Wildcat; Bone Spring
⁴ Property Code 313246	⁵ Property Name Poker Lake CVX JV BS	⁶ Well Number 008H
⁷ OGRID No. 260737	⁸ Operator Name BOPCO, LP	⁹ Elevation 3369

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	14	25S	30E		300	South	1980	West	Eddy

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	14	25S	30E		357	North	1982	West	Eddy

¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

	<p>¹⁶ OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>Tracie J Cherry</i> 05/10/16 Signature Date</p> <p>Tracie J Cherry Printed Name</p> <p>richerry@bassnet.com E-mail Address</p>
	<p>¹⁷ SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p>
	<p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>
	<p>Certificate Number</p>