UNITEDSTATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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VACIALIS	NOTICES	ΔND	REPORTS	ON WELLS	2
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Form 3160-5 April2004)	UNITEDSTATES DEPARTMENT OF THE INTERIOR	OCD-ARTES	FORMAPPROVED OM B No 100 F017/18 19 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	BUREAU OF LAND MANAGEMENT	Expires: Kann 31, 2007		
	NOTICES AND REPORTS O	N WELLS	NMLC069627	
			6. If Indian, Angree or Trite Name	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160 - 3 (APD) for such proposals.			101 101 125 255 255 255 255 255 255 255 255 25	
OUD NOT IN TO	IDLICATE Other instructions of	- rayaraa aida	7. If Unit or Changreement, Name and or No.	
SUBMIT IN TRIPLICATE - Other instructions on reverse side.			NMNM71016	
1. Type of Well Gas Well Other			8. Well Name and No. EZ1_1EOE	
2. NameofOperator BEPCO, L.P.			POKER LAKE UNIT #232 9. API Well No.	
3a. Address 3b. PhoneNo. (include area code)			30-015-34009	
P.O. BOX 2760 MIDLAN	D TX 79702-2760 (432) c., T., R., M., or Survey Description)	683-2277	10. Field and Pool, or Exploratory Area NASH DRAW - DEL/BS/AVALON SAND	
SEC 31 T24S R30E NW			11. County or Parish, State	
32.10423 N LAT, 103.55			EDDY NM	
12. CHECK A	PPROPRIATE BOX(ES)TO INDICATE	NATURE OF NOTICE, R		
TYPE OF SUBMISSION		TYPEOF ACTION		
	Acidize Deepen	Production (St	art/Resume) Water Shut-Off	
Notice of Intent	AlterCasing FractureT	reat Reclamation	Well Integrity	
X Subsequent Report	Casing Repair New Cons	· · · · · · · · · · · · · · · · · · ·	X Other ADD PERFS	
Final Abandonment Notice	Change Plans Plug and A Convert to Injection Plug Back	_		
Attach the Bond under which following completion of the in testing has been completed. Findetermined that the site is read DRILLED OUT CBP @ PERF DELAWARE 554 USING 22.7 GM CHAR FRAC W/36,690 GALS AND 25,713# OF SUPERIH W/ 2-7/8" TUBING	the work will be performed or provide the Bond Novolved operations. If the operation results in a multiple for final inspection.) 7260'. 6' - 5556' W/2 JSPF (20 HOLES), GES. OF LIGHTNING 2500 AND 76,90	No. on file with BLM/BIA. Requirements, including reclar of DEGREE PHASING OF 16/30 OTTAWA		
14. I hereby certify that the fore Name (Printed/Typed)	egoing is true and correct	1		
CINDI GOODMAN		Title PRODUCTION	I CLERK	
Signature Cenon	1000	Date 07/26/2006		
	THIS SPACE FOR FEDERAL	OR STATE OFFICE	USE	
Approved by		Title	Date	
Conditions of approval, if any, are	e attached. Approval of this notice does not warn gal or equitable title to those rights in the subject at to conduct operations thereon.	ant or		
		ny nerson knowingly and willfull	y 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.