

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APR 15 2009

FORM APPROVED
OMB No. 1004-0137
Expires March 31, 2007

LM

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
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
BOPCO, L.P.3a. Address
P.O. Box 2760 Midland TX 797023b. Phone No. (include area code)
(432)683-22774. Location of Well (Footage, Sec., T., R., M., or Survey Description)
UL O, 360' FSL, 2310' FEL, SEC. 12 T24S, R29E

5. Lease Serial No.

NMMN 05912

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No
NMMN 71016X

8. Well Name and No

Poker Lake Unit #274

9. API Well No

30-015-35138

10. Field and Pool, or Exploratory Area

Nash Draw (Delaware/BS/Avalon Sand)

11. County or Parish, State

Eddy
NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input checked="" 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 checked="" type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other TEMP. ZONE
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	ABANDON 1ST &
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	2ND BONE SPRING

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 recompleat 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 recompleat 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 wishes to report the recompleat of the wellbore as follows:

03/04/2009 RU Baker Atlas. RIH; set CIBP @ 7050'. Baker Atlas set second CIBP @ 7010'. Perforated Delaware 6915'-6935', 20 holes. RD Baker Atlas.

03/05/2009 RU Basic. Acidized 6915'-6935' perms w/ 1000 gals 7-1/2% HCl. RD Basic.

03/07/2009 MIRU. POOH w/ rods.

03/11/2009 RU BJ. Frac'd 6915'-6935' down 4-1/2" csg w/ 128,056 gals 9.5 lb PW and 11,962 lbs 14/30 LiteProp 125. Flushed w/ 1298 gals 7-1/2% HCl followed by 3360 gals PW. RU Baker Atlas lubricator. Set CIBP @ 6840'. Perforated 6571'-6798' (Delaware), 20 holes. Fractured 6571'-6798' OA down 4-1/2" csg. Pumped 110 gals scale inhibitor mixed w/ 420 gals 25 lb linear gel, 1869 gals 7-1/2% HCl, 39,213 gals Lightening 2500 w/ 145,729 lbs 16/30 sand.

03/13/2009 Drilled out CIBP @ 6840'. Continue circulate/rotate down tag @ 6963'. Cleaned out fill to CIBP @ 7010'. Pumped 30 bbls 2% KCl down tbg.

03/14/2009 RIH w/ bullplug, jts, perf sub, tbg & TAC. Set TAC. Returned well to production in Delaware perms.

03/20/2009 Well test pumping 99 BO, 238 BW, 160 MCF, TP 300 psi, LP 90 psi, CP 95, on wide open choke.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Valerie Truax

Title Regulatory Admin Assistant

Signature

Date 03/26/2009

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

APR 11 2009

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

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.

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

(Instructions on page 2)

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