

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

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

RM

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 Number (include area code)
(432) 683-22774 Location of Well (Footage, Sec., T., R., M., or Survey Description)
UL L, 1650' FSL, 660' FWL, SEC 5, T2S, R28E
LAT N 32.41915, LONG W 104.116003

5 Lease Serial No

NMLC060613

6 If Indian, Allottee or Tribe Name

7 If Unit or CA/Agreement, Name and/or No
NMNM68294X8 Well Name and No
Big Eddy Unit #2139 API Well No
30-015-3629310. Field and Pool, or Exploratory Area
Carlsbad, E. (Morrow)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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other 5 day production
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	notice & additional
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	Morrow perfs

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, L.P. respectfully wishes to report the 5th day of production and addition of perfs in the wellbore as follows:
01/08/10 Cut short CCL strip across pkr assembly @ 12,029' & tag top of fill @ 12,130'. POOH w/ tools, LD JB & PU Weatherford 10-K x 2-3/8" CIBP. RIH w/ same, cut short CCL strip across pkr & set BP in bottom tbg sub @ 12,044'. POOH w/ tools. Load csg w/ 3 bbls 7% KCl w/ additives. PU dump bailer loaded w/ 40/70 sand & RIH dump same across CIBP @ 12,044'.

01/12-13/10 RIH w/ swab; made runs to recover treated KCl.

01/14/10 RIH & dump same on pkr assembly @ 12,029'. Cut short CCL strip across perf interval & perf Morrow @ 11,916'-28' (20 shots). Perf Morrow @ 11,939'-42' (12 shots) & 11,977'-84' (21 shots). Perf Morrow @ 12,004'-09' (15 total shots).

01/15/10 Load csg w/ 198 bbls 3% KCl. Pump spot acid away w/ 50 bbls 3% KCl.

01/17/10 Frac Morrow perfs 11,916'-12,009' down 5-1/2" csg w/ 3845 gals 7-1/2% HCl acid, 112,004 gals 30QN2 foam & 148,000# 20/40 Sinterbal bauxite.

01/20/10 Well on production.

01/25/2010 Well test pumping 5th day of production: 0 BO, 2 BW, 594 MCF, TP 370 psi, LP 364 psi, CP NR psi on WO choke.

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

Valerie Truax

Title Regulatory Admin Assistant

Signature

Date 01/26/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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

Office

Date

FEB 22 2010

/s/ Chris Walls

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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.

(Instructions on page 2)

D.22 2-25-10