OCD-ARTESIA

Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED
OM B No. 1004-0137
Expires: March 31, 2007

BUREAU OF LAND MANAC	5. Lease Serial No.	!		
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.		NM0506A - NM0522A 6. If Indian, Allottee or Trit	6. If Indian, Allottee or Tribe Name	
		7. If Unit or CA/Agreement	, Name and/or No.	
1. Type of Well ☐ ☐ Gas Well ☐ ☐ Other		8. Well Name and No.		
2. Name of Operator BOPCO, L. P.		Poker Lake Unit #30 9. API Well No.	211	
3a Address 3b. Phone No. (include area code) P. O. Box 2760 Midland, TX 79702 432-683-2277		30-015-37647 10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	Poker Lake S (Delaw			
Surface: SWNE, 2200' FNL, 2030' FEL, Sec 28, T24S, R31E, L BHL: NWSW, 2118' FNL, 969' FWL, Sec 21, T24S, R31E, Lat	11. County or Parish, State Eddy Co., NM			
12. CHECK APPROPRIATE BOX(ES) TO IN	IDICATE NATURE OF NOTICE,	REPORT, OR OTHER DA	TA	
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION			
Notice of Intent Acidize Alter Casing	Deepen Production Fracture Treat Reclamation			
Subsequent Report Casing Repair Change Plans	New Construction Recomplete Plug and Abandon Temporarily		illing Operations	
	Plug Back Water Dispo			
Spud well on 7/20/2010. Drill 13-3/8" hole to 968'. Ran 23 additives (wt 12.6, yld 1.98) followed by 200 sks Class C + 2 bbls to half pits. WOC 29.25 hrs. Tested casing to 500 psi-cocks, kelly safety valves, floor valves and annular to 1200 jts of HCL #80, set at 4374'. Cemented with 1150 sks Poz/C Displace with 325 bbls-FW. Bumped plug - floats did not h pressure for 8 hrs. Circ 260 bbls to half frac tank. WOC 30 rams, mud cross, kill line and valves, choke line and valves valve to 3000 psi & 250 psi. Drill 7" hole to 8675'. Ran 186 10.20, yld 2.07) followed by 100 sks PVL + additives (wt 13 plug floats held for 5 min, bled back 1-1/2 bbls. Dropped of additives (wt 10.20, yld 2.08) followed by 100 sks PVL + ad mud). Bumped plug floats held for 5 min, bled back 1-1/2 t Tested BOP, choke manifold, pipe rams, blind rams, kill line 4-1/2", 11.6 ppf, HCP-110, LTC, casing set at 13,717'. Test	dditives (wt 14.8, yld 1.34). Displace held ok. Tested BOP stack, 5000 ps; psi & 200 psi. Drilled 9-5/8" hole to 1-4 additives (wt 11.8, yld 2.59) followold, spoke to Cheryl Dimontryg with 5.5 hrs. Tested casing to 1500 psi - he, choke manifold, upper and lower k joints 7", 26#, N-80 LTC. Cemented, yld 1.41). Displace with 330 bbls (bening bomb and waited 30 mins. Conditives (wt 13.0, yld 1.41). Displace with 350 kg. Circ 120 bbls of cement to surfaces, kelly valves, and floor valves to 2000.	e with 142 bbls FW, bumpped i WP choke manifold, chokes, I 4375'. Ran 81 jts 9-5/8", 40#, Jwed by 300 sks Class "C" (wt 1 n BLM was told to shut cement id ok. Tested BOPE, body, pigelly valves, stand pipe, mud lin 1 st stage with 400 sks LiteCrostobbls FW followed by 180 kmented 2nd stage with 575 sks with 197 bbls (40 bbls FW folloce. Tested casing to 1650 psi. 8000 psi & 250 psi. Ran 4-1/2"	plug - ok. Circ 112 kill lines, kelly l-55, LTC plus 26 4.8, yld 1.33). thead and hold be rams, blind lees, and floor safety ete + additives (wt bbls mud). Bumped LiteCrete + wed by 157 bbls WOC 30 brs.	
Topof liner @	DUT	@?	RECEIVED	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Katy Holster	Title Administrative As	sistant	OCT 05 2010	
Signature KHOWW	Date 9/9/10	ACCEPTED I	NMOCD ARTESI	
THIS SPACE FOR FE	DERAL OR STATE OFFIC	CE USE TO THE	======================================	
Approved by Conditions of approval, if any, are attached. Approval of this notice doccertify that the applicant holds legal or equitable title to those rights in the which would entitle the applicant to conduct operations thereon.	ne subject lease Office	Date OCT	3 2019	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a cr States any false, fictitious or fraudulent statements or representations as of	ime for any person knowingly and willfi o any matter within its jurisdiction.	ully to make (to) any department for CARLEDAD F	agency, NAMEEUNICOT	
(Instructions on page 2)	745		122 011102	

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