

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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.**

5. Lease Serial No.  
NMSF080246

6. If Indian, Allottee or Tribe Name

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

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator **BP AMERICA PRODUCTION COMPANY** Contact: **TOYA COLVIN**  
Email: **Toya.Colvin@bp.com**

8. Well Name and No.  
FLORANCE 57R

9. API Well No.  
30-045-23548

3a. Address  
501 WESTLAKE PARK BLVD. RM 4.423B  
HOUSTON, TX 77079

3b. Phone No. (include area code)  
Ph: 281-366-7148

10. Field and Pool, or Exploratory  
BLANCO PICTURED CLIFFS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 22 T29N R09W NWNE 790FNL 1750FEL  
36.715620 N Lat, 107.762800 W Lon

11. County or Parish, and State  
SAN JUAN COUNTY, 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 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 checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Final Abandonment Notice
	<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.)

12/04/2009 entire wellbore was P&A'd

Location restored and site inspected 3/13/2013 by BLM inspector Robert Switzer.

For questions please call Van Hixon @ 505-326-9416

RCVD AUG 1 '13  
OIL CONS. DIV.  
DIST. 3

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

**Electronic Submission #214765 verified by the BLM Well Information System  
For BP AMERICA PRODUCTION COMPANY, sent to the Farmington**

Name (Printed/Typed) **TOYA COLVIN**

Title **REGULATORY ANALYST**

Signature (Electronic Submission)

Date **07/24/2013**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

*Mark Kelly*

Title

**ENVIRONMENTAL  
COMPLIANCE TEAM LEAD**

Date

**JUL 25 2013**

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 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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

NMOCD  
ca