

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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.*5. Lease Serial No.  
NMSF078655

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

## 1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other8. Well Name and No.  
DECKER LS 1M

## 2. Name of Operator

BP AMERICA PRODUCTION COMPANY

Contact: TOYA COLVIN

Email: Toya.Colvin@bp.com

## 9. API Well No.

30-045-32074

## 3a. Address

737 NORTH ELDRIDGE PARKWAY 12.181A  
HOUSTON, TX 77079

## 3b. Phone No. (include area code)

Ph: 281-366-7148

10. Field and Pool, or Exploratory  
BASIN DK, BLANCO MV

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

Sec 17 T32N R10W NESW 2490FSL 1655FWL  
36.984932 N Lat, 107.908533 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Final Abandonment Notice
	<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 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.)

The subject well was not drilled. BP feels the final reclamation has been obtained and respectfully requests final abandonment for this location.

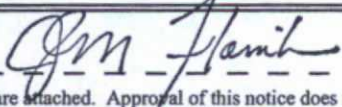
Please contact Sabre Beebe at 970-779-9398 or sabre.beebe@bp.com for scheduling or questions.

OIL CONS. DIV DIST. 3

MAR 14 2016

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #330017 verified by the BLM Well Information System For BP AMERICA PRODUCTION COMPANY, sent to the Farmington	
Name (Printed/Typed) SABRE BEEBE	Title COMPLIANCE SPECIALIST
Signature (Electronic Submission)	Date 01/28/2016

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

Approved By 	Title ENVIRONMENTAL PROTECTION TEAM LEAD	MAR 09 2016
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.

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

NMOCD