

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.**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMSF078655
2. Name of Operator BP AMERICA PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
Contact: TOYA COLVIN Email: Toya.Colvin@bp.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 737 NORTH ELDRIDGE PARKWAY 12.181A HOUSTON, TX 77079	3b. Phone No. (include area code) Ph: 281-366-7148	8. Well Name and No. DECKER LS COM 1N
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 17 T32N R10W NWNW 860FNL 1165FWL 36.989848 N Lat, 107.910418 W Lon		9. API Well No. 30-045-33634
		10. Field and Pool, or Exploratory BASIN DK, BLANCO MV
		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 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.

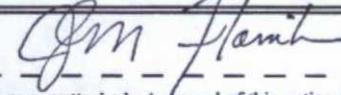
Please contact Sabre Beebe at 970-779-9398 or sabre.beebe@bp.com for scheduling or questions.

OIL CONS. DIV DIST. 3  
MAR 14 2016

14. I hereby certify that the foregoing is true and correct.  
Electronic Submission #330048 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	Date 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

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