Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED OMB No. 1004-0137

Expires: October 31, 2014 5. Lease Serial No. NMNM04208

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

6. If Indian, Allottee or Tribe Name

| abandoned well. | Use Form 3160-3 (A | APD) for such prop | osals. | t in the last | |
|---|--|--|--------------------------------------|--|--|
| SUBMIT IN TRIPLICATE – Other instructions on page 2. | | | | 7. If Unit of CA/Agreement, Name and/or No. | |
| 1. Type of Well Oil Well Gas | | | 8. Well Name and N McCulley LS #8 | S. Well Name and No. McCulley LS #8 | |
| 2. Name of Operator BP America Production Company | | | | 9. API Well No. 30-045-20456 | |
| 3a. Address 737 North Eldridge Parkway, 12.181A Houston, TX 77079 | | 3b. Phone No. (include area code) 281-366-7148 | | 10. Field and Pool or Exploratory Area Aztec Pictured Cliffs | |
| 4. Location of Well (Footage, Sec., T.,R,M., or Survey Descriptio Sec. 14 T28N R09W SWNW 1590FNL 800FWL | |) | | 11. County or Parish, State San Juan, NM | |
| 12. CHE | CK THE APPROPRIATE BO | OX(ES) TO INDICATE NA | ATURE OF NOTIC | CE, REPORT OR OTH | HER DATA |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | |
| Notice of Intent Subsequent Report | Acidize Alter Casing Casing Repair | Deepen Fracture Treat New Construction | Recla | uction (Start/Resume) amation mplete | Water Shut-Off Well Integrity Other |
| Final Abandonment Notice | Change Plans Convert to Injection | Plug and Abando Plug Back | | oorarily Abandon r Disposal | |
| Subject well was plugged and abart LS 4S (API 3004532426). The equilocation. Therefore, BP is requestiplugged and abandoned. Should you have questions, concersabre.beebe@bp.com | uipment belonging to the sung a FAN be approved on | ubject well was removed the subject well and the t | and no reclamatiinal reclamation | on work can be perf be moved to the act ompliance Specialist | formed due to active wells on ive wells at such time that they are |
| | * | gan I | MAR 1 8 20 | | |
| 14. I hereby certify that the foregoing is | true and correct. Name (Printe | | | | |
| Toya Colvin Ti | | | Title Regulatory Analyst | | |
| Signature SQUOL () | mi | Date 03/ | 11/2016 | | |
|) | THIS SPACE | FOR FEDERAL OF | STATE OFF | ICE USE | |
| Approved by Conditions of approval, if any, are attache that the applicant holds legal or equitable | title to those rights in the subject | | ce | | Date |
| Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or repr | U.S.C. Section 1212, make it a | The party of the second | ngly and willfully to | make to any departmen | nt or agency of the United States any false, |