Form 3160-5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR

RECEIVED

FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014

abandoned well. Use Form 3160-3 (APD) for such proposals.		1.00
Do not use this form for proposals to drill or to re-enter an and Man	nagement	
SUNDRY NOTICES AND REPORTS ON WELLS armington Field	6. If Indian, Allottee or Tribe Name	
	NMSF078109	
BUREAU OF LAND MANAGEMENT	5. Lease Serial No.	

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 Well ☐ Other					Well Name and No. Gallegos Canyon Unit #561			
Name of Operator Production Company		9. API Well No. 30-045-30230						
			(include area code)		10. Field and Pool or Exploratory Area			
737 North Eldridge Parkway, 12.181A Houston, TX 77079	281-366-7148	81-366-7148			West Kutz Pictured Cliffs			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) Sec. 21 T29N R12W SWSE 790FSL 1920FEL				11. County or Parish, State				
			S		San Juan, NM			
12. CHE	CK THE APPROPRIATE BO	X(ES) TO INDICA	TE NATURE	E OF NOTIC	E, REPORT OR OTH	ER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION							
Notice of Intent	Acidize	Deepen	Deepen Production (Start/F		iction (Start/Resume)	Water Shut-Off		
Trouce of Intent	Alter Casing	Fracture T	reat	Recla	mation	Well Integrity		
Cubacquent Benert	Casing Repair	New Cons	truction	Recor	mplete	Other		
Subsequent Report	Change Plans	Plug and A	Abandon	Temp	orarily Abandon			
✓ Final Abandonment Notice	Convert to Injection	Plug Back			Disposal			
Subject well was plugged and abar to the subject well was removed an the subject well and the final reclan Should you have questions, concersabre.beebe@bp.com	d no reclamation work can nation be moved to the activns, or require an onsite visi	be performed due ve wells at such tin	to active we ne that they abre Beebe	ell on location are plugge BP L48 Co	on. Therefore, BP is d and abandoned. Impliance Specialist	requesting a FAN be approved on at 970-779-9398 or		
14. I hereby certify that the foregoing is	rue and correct Name (Printed	l/Typed)				min 20 colo		
Toya Colvin	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Regulator	ry Analyst				
Signature JOHOL (Oli:	Date	03/11/201	16				
	THIS SPACE I	FOR FEDERAL	OR STA	TE OFF	ICE USE			
Approved by			T		T			
A STATE OF THE STA			Title		,	note.		
Conditions of approval, if any, are attached. Approval of this notice does not warrant or contact that the applicant holds legal or equitable title to those rights in the subject lease which we entitle the applicant to conduct operations thereon.			Office					
Title 18 U.S.C. Section 1001 and Title 43 fictitious or fraudulent statements or representations.			knowingly and	d willfully to	make to any department	or agency of the United States any false,		
(Instructions on page 2)								

NMOCD