Form 3160-5 (June 2015)

RECEIVED **UNITED STATES**

FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

5. Lease Serial No. NMNM 078402B

SUNDRY NOTICES AND REPORTS ON WELLS

6. If Indian, Allottee or Tribe Name Do not use this form for proposals to drill or to raminaton Field Office

abandoned well.	Use Form 3160-3 (A	(PD) for suc	Fiproposals	Manag	ement		
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					8. Well Name and No. NEBU #213		
2. Name of Operator BP America Production Company					9. API Well No. 30-045-26329		
3a. Address 737 North Eldridge Parkway 3b. Phone No. (include area code)				2)	10. Field and Pool or Exploratory Area		
Houston, TX 77079 (281) 892-5			69		LOS PINOS;FRT SND PC,SOUTH		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) D-12-31N-07W 990 FNL 990 FWL			,		11. Country or Parish, State San Juan, NM		
12. CHI	CK THE APPROPRIATE E	BOX(ES) TO INI	DICATE NATURE	E OF NOT	ICE, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION	SSION TYPE OF ACTIO					ION	
✓ Notice of Intent	Acidize	Deep	en	Pro	duction (Start/Resume)	Water Shut-Off	
	Alter Casing		aulic Fracturing		lamation	Well Integrity	
Subsequent Report	Casing Repair		Construction		omplete	✓ Other	
Final Abandonment Notice	Change Plans Convert to Injection		and Abandon		nporarily Abandon er Disposal		
completed. Final Abandonment Nois ready for final inspection.) LSE, CA OR PA # NMNM 078 In compliance with the provision	otices must be filed only after 402B ons of 43 CFR 3179.204, Included below. No alternatively. Mcf; Duration – 25 minut	all requirements Prespectfully atives to manua	s, including reclan provides notice t al liquid unloading	nation, hav	Is were manually unload onsidered due to the infraction of the inf	2017	
14. I hereby certify that the foregoing is	true and correct Name (Pr	rinted/Tuned)					
4. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Toya Colvin			Regulatory Analyst Title				
Signature Ola Ol			Date 08/22/2017				
U	THE SPACE	FOR FEDI	ERAL OR ST	ATE O	FICE USE		
Approved by Conditions of approval, if any, are attack	hed. Approval of this notice	does not warran	Title		Da	te	
certify that the applicant holds legal or which would entitle the applicant to con	equitable title to those rights						
Title 18 U.S.C Section 1001 and Title 4 any false, fictitious or fraudulent statem				ly and wi	llfully to make to any depa	rtment or agency of the United States	

(Instructions on page 2)

