			RECE	IVED		
Form 3160-5 (June 2015)	UNITED STATE				ON	RM APPROVED 4B No. 1004-0137
DE	PARTMENT OF THE I REAU OF LAND MAN		JUN 2	0 2013	5. Lease Serial No. NMSF078903B	
	ORTS ON WE			6. If Indian, Allottee or Tribe Name		
	form for proposals t Use Form 3160-3 (A			Field Of Manac	Eastern Navajo	
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well					892000844E 8. Well Name and No. GCU #186	
☐ Oil Well						
2. Name of Operator BP America Production Company					9. API Well No. 30-045-06989	
3a. Address 1515 Arapahoe St, To Denver, CO 80202	3b. Phone No. <i>(in</i> (281) 892-5369	mclude area code)       10. Field and Pool or Exploratory Area         W KUTZ PC, BASIN DAKOTA				
4. Location of Well <i>(Footage, Sec., T.,</i> I-33-28N-12W 1460 FSL 8				11. Country or Parish, State San Juan, NM		
12. CH	ECK THE APPROPRIATE B	OX(ES) TO INDIC	CATE NATURE	OF NOT	ICE, REPORT OR OTHE	ER DATA
TYPE OF SUBMISSION			TYP	E OF AC	TION	
✓ Notice of Intent	Acidize	Deepen Dydrau	lic Fracturing		luction (Start/Resume) amation	Water Shut-Off Well Integrity
Subsequent Report	Casing Repair		onstruction		omplete	✓ Other
Final Abandonment Notice	Change Plans		d Abandon		porarily Abandon er Disposal	
This location will have a 95Bl			falos at Erin.Gá		bp.com or (832) 787-3	922.
				JUN	2 8 2018	
			_ D	ISTR	ICT 111	
-						
<ol> <li>I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Toya Colvin</li> </ol>			Regulatory Analyst Title			
Signature Jolfa colision Date 06/15/2018						18
0	THE SPACE	FOR FEDER	RAL OR ST	ATE OF	FICE USE	
Approved by Supplied So	T		Title S	you	NRS	ate 6/20/18
Conditions of approval, if any, are atta certify that the applicant holds legal or which would entitle the applicant to co	equitable title to those rights			FU		Sas
Title 18 U.S.C Section 1001 and Title any false, fictitious or fraudulent stater				y and wil	Ifully to make to any dep	artment or agency of the United State
(Instructions on page 2)						

