Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED
OMB NO. 1004-0137
Evnires: January 31 201

BI	Expires: January 31, 2018							
SUNDRY	5. Lease Serial No. NMSF078655							
Do not use thi abandoned wel	6. If Indian, Allottee or Tribe Name							
SUBMIT IN T	7. If Unit or CA/Agreement, Name and/or No.							
1. Type of Well	8. Well Name and No. BARNES LS 8A							
Oil Well Gas Well Oth  2. Name of Operator	9. API Well No.							
BP AMERICA PRODUCTION	30-045-22460							
3a. Address 1199 MAIN AVE. SUITE 101 DURANGO, CO 81301	3b. Phone No. (include area code) Ph: 970-712-5997			10. Field and Pool or Exploratory Area BLANCO MESA VERDE				
4. Location of Well (Footage, Sec., T.	4. Location of Well (Footage, Sec., T., R., M., or Survey Description)							
Sec 26 T32N R11W Mer NMP		SAN JUAN COUNTY COUNTY, NM						
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE OI	F NOTICE,	REPORT, OR OTH	IER DATA		
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION							
D N-G Classes	☐ Acidize	□ Deepen □ Proc		☐ Product	etion (Start/Resume)			
☐ Notice of Intent	☐ Alter Casing	☐ Hyd	raulic Fracturing	☐ Reclam	ation	☐ Well Integrity		
Subsequent Report     ■     Subsequent Report     ■     ■     Subsequent Report     ■     ■     Subsequent Report     ■			☐ New Construction		olete	<b>⊘</b> Other		
☐ Final Abandonment Notice	☐ Change Plans	□ Plug	and Abandon	☐ Tempor	arily Abandon			
	☐ Convert to Injection	☐ Plug Back ☐ Water		☐ Water I	Disposal			
following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fi	pandonment Notices must be fil inal inspection.	ed only after all	requirements, includ	ing reclamatio	new interval, a Form 3166 n, have been completed a	nd the operator has		
	NI NI							
				DE	EC 1 3 2018			
				UIST	RICT III			
A								
14. I hereby certify that the foregoing is	true and correct.  Electronic Submission #  For BP AMERICA PF  Committed to AFMSS for p	RODUCTION O	OMPANY, sent to	the Farmin	gton			
					Title REGULATORY ANALYST			
Signature (Electronic S			Date 12/06/20					
	THIS SPACE FO	DR FEDERA	L OR STATE (	OFFICE U	SE 			
Approved By Slegge NS		Title Sep MS Date 2/10			Date 2/10/18			
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu-	uitable title to those rights in the		Office F	Ũ				
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s				willfully to ma	ake to any department or	agency of the United		

(Instructions on page 2)

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

