| UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT  SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an  Italiandoned well Use Form 3160-3 (APD) for such proposals.  FERVINALIN TRIPLICATE — Other instructions on reverse side  Bureau of Land Walter  Gas Well  Other |   |  |                            |  |   |                                 | FORM APPROVED OMB No 1004-0135 Expires July 31, 2010  5 Lease Senal No NMSF-079232   |   |                  |  |       |
|--|---|--|----------------------------|--|---|---------------------------------|--|---|------------------|--|-------|
|  |   |  |                            |  |   |                                 |  |   |                  |  |       |
|  |   |  |                            |  |   |                                 | 7. If Unit or CA/Agreement, Name and/or No   |   |                  |  |       |
|  |   |  |                            |  |   |                                 | 8. Well Name and No.  Bolack C LS 6  |   |                  |  |       |
|  |   |  |                            |  |   |                                 | <ol><li>Name of Operator</li><li>BP America Production</li></ol>   | Company   | Attn: Che        | erry   | Hlava |
| 3a Address<br>P.O. Box 3092 Houston, TX  | 3b. Phone No. (include area code) 281-366-4081              |  |                            |  | 10. Field and Pool, or Exploratory Area Pictured Cliffs |                                 |  |   |                  |  |       |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FSL & 1560' FEL NWSE Sec. 31 T27N, R08W   |   |  |                            |  |   |                                 |  | 11. County or Parish, State San Juan County, New Mexico |                  |  |       |
| 12. CH   | ECK APPROF  | RIATE BOX(ES   | S) TC                      | INDICATE NAT   | URE   | OR N                            | OTICE, REPORT,   | OR OTHE   | R DA             | ТА   |       |
| TYPE OF SUBMISSION   | YPE OF SUBMISSION TYPE C                                    |  |                            |  |   |                                 |  | F ACTION  |                  |  |       |
| Notice of Intent   |   | Casing   |                            | Deepen Fracture Treat  |   |                                 | Production (Start/R<br>Reclamation   | ·   |                  | Water shut-Off Well Integrity  |       |
| Subsequent Report  |   |  |                            | New Construction Plug and Abando   |   |                                 | Recomplete  Water Disposal   | '   |                  | Other Surface Fully Restored   |       |
| Final Abandonment Notice   | Conve   | ert to Injection   |                            | Plug Back  |   |                                 |  |   |                  |  |       |
| <ol> <li>Describe Proposed or Completed Oper         If the proposal is to deepen directional         work will be performed or provide the         results in a multiple completion or rec         including reclamation, have been completed.     </li> </ol>  | y or recomplete he<br>Bond No on file<br>completion in a ne | orizontally, give sub-<br>e with BLM/BIA. Rew interval, a Form 3 | surfac<br>lequir<br>3160-⁄ | e locations and measured subsequent reports so<br>the shall be filed once to | ed and<br>hall b<br>sting                               | i true ve<br>e filed<br>has bee | ertical depths of all pertinution of all pertinutio | ent markers a<br>g completion                           | and zo<br>of the | nes Attach the Bond under which t<br>involved operations. If the operation |       |
| 02/10/1997 entire wellbore   | was P&A'd   | •  |                            |  |   |                                 |  | D/  | ~1 IT:           | FEB 17'12  |       |
| 08/11/2011 Surface restored per Site Visitation. No further remediation require  |   |  |                            |  |   | ed.                             | oil cons. Div.   |   |                  |  |       |
| For questions please call Ted Black @320-1417  |   |  |                            |  |   |                                 |  |   | D                | IST. 3   |       |
| 14. I hereby certify that the foregoin Name (Printed/typed)  | ng is true and c  | orrect   |                            |  | -   | <del></del>                     | <del></del>  |   |                  |  |       |
| Cherry Hlava Title Regulatory Analyst  |   |  |                            |  |   |                                 |  |   | <b></b>          |  |       |
| Signature Cherry Hlaw  | a   |  |                            | Date   | 0   | 1/30/2                          | 2012   |   |                  |  |       |
|  |   | THIS SPACI   | E FC                       | OR FEDERAL O   | R S   | ГАТЕ                            | OFFICE USE   |   |                  |  |       |
| Approved by  | hèso  |  |                            | Title  | Br  | amc.                            | h Chief  | Date  | 2/1              | 5/12   |       |
| Conditions of approval, if any, are attached Certify that the applicant holds legal lease which would entitle the applic   | l or equitable t  | itle to those rights   | s in t                     | ent or   |   | FF                              | -  |   | 7                |  |       |
| Title 18 U.S.C. Section 1001 and Title 4 false, fictitious or fraudulent statements  | 3 U.S.C. Sectio   | n 1212, make it a c  | rime                       |  | ingly   | and w                           | illfully to make to any  | department  | t or ag          | ency of the United States a  |       |