

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMSF079045

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
NEBU 607 COM 1H

2. Name of Operator
BP AMERICA PRODUCTION COMPANY
Contact: PATTI CAMPBELL
Email: patti.campbell@bpx.com

9. API Well No.
30-045-35849-00-X1

3a. Address
1199 MAIN AVE
DURANGO, CO 81301

3b. Phone No. (include area code)
Ph: 970-712-5997

10. Field and Pool or Exploratory Area
BASIN MANCOS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 20 T31N R7W SENE 1822FNL 395FEL
36.887280 N Lat, 107.586746 W Lon

11. County or Parish, State
SAN JUAN COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION				
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off	
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other	
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original APD	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal		

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

KP

BP respectfully requests a two year extension of the APD for the subject well.

RE TO PREVIOUS NMOCD
CONDITIONS OF APPROVAL

NMOCD
OCT 10 2019
DISTRICT III

See next pg. for expiration date

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #485903 verified by the BLM Well Information System For BP AMERICA PRODUCTION COMPANY, sent to the Farmington Committed to AFMSS for processing by VIRGINIA BARBER on 10/02/2019 (20VB0003SE)

Name (Printed/Typed) PATTI CAMPBELL	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 10/01/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By VIRGINIA BARBER	Title LAND LAW EXAMINER	Date 10/02/2019
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Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office Farmington

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

** BLM REVISED **

NMOCD Copy NY

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DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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SUBMIT IN TRIPLICATE - Other instructions on page 2

7. If Unit or CA/Agreement, Name and/or No

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No
NORTHEAST BLANCO UNIT 607 COM 0014

2. Name of Operator
BP AMERICA PRODUCTION COMPANY
Contact: PATTI CAMPBELL
Mail: patti.campbell@bpx.com

9. API Well No.
30-045-35849

3a. Address
1199 MAIN AVE, SUITE 101
DURANGO, CO 81301

3b. Phone No. (include area code)
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10. Field and Pool or Exploratory Area
BASIN MANCOS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
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SAN JUAN COUNTY COUNTY, NM

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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Site Facility Diagram/Security Plan
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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BP respectfully requests a two year extension of the APD for the subject well.

NMOCD

ADHERE TO PREVIOUS NMOCD
CONDITIONS OF APPROVAL

OCT 16 2019
DISTRICT III

Final APD extension granted to: 10/16/2021

14. I hereby certify that the foregoing is true and correct

Electronic Submission #485903 verified by the BLM Well Information System
For BP AMERICA PRODUCTION COMPANY, sent to the Farmington
Committed to AFMSS for processing by VIRGINIA BARBER on 10/02/2019 ()

Name (Printed/Typed) PATTI CAMPBELL Title REGULATORY ANALYST

Signature (Electronic Submission) Date 10/01/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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