UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

Lease Serial No.

S	F-	07	81	95

	OTICES AND REPORTS	SF- 078195				
Do not use this form for proposals to drill or to re-enter an Abandoned well. Use Form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or tribe Name			
SUBMIT IN TRIPLIC	CATE – Other instri	uctions on reverse side	7. If Unit or CA/Agreement.	Name and or No.		
1. Type of Well			8. Well Name and No.			
Oil Well	Gas Well Other	678910117273	SELLERS FE	DERAL LS 2E		
2. Name of Operator BP AMERICA PRODUCT	ION COMPANY	RECEIVED	O. API Well No.	1		
3a. Address			(a) 30-045-30 (b) Field and Pool, or Explo			
PO BOX 3092 HOUSTON, TX 77253 281-366-7148 2007 SASIN DAKOTA & BLANCO MESAVE						
4. Location of Well (Footage, Se 2395' FNL & 1725' FEL SV			County or Parish, State			
12. CHEC	CK APPROPRIATE BOX(E	S) TO INDICATE PROPERTY NO	OTICE, REPORT, OR OTHER D)ATA		
TYPE OF SUBMISSION		ТҮРЕ ОБ	ACTION			
Notice of Intent	Acidize	Deepen P	roduction (Start/Resume)	Water shut-Off		
	Alter Casing	Fracture Treat	Leclamation \Box	Well Integrity		
	Casing Repair	New Construction R	tecomplete	Other Change BOP		
Subsequent Report	Change Plans	Plug and Abandon	Water Disposal			
Final Abandonment Notice	Convert to Injection	Plug Back				
If the proposal is to deepen direct Attach the Bond under which the following completion of the invo testing has been completed. Fin determined that the site is ready BP AMERICA SUBMITTE DUE TO CHANGE IN DRI	tionally or recomplete horizon e work will be performed or polived operations. If the operational Abandonment Notices shall for final inspection. ED APD ON 10/12/2000 LLING RIG (H & P 3		easured and true vertical depths of M/BIA. Required subsequent reporter recompletion in a new interval, a including reclamation, have been a PD APPROVAL. AND CHOKE MANIFO	all pertinent markers and zones. orts shall be filed within 30 days Form 3160-4 shall be filed once completed, and the operator has obtained by the complete of the complete o		
IF YOU NEED ANY ADDIT 326-9202			•			
14. I hereby certify that the foregoin Name (Printed/typed)	ng is true an dcorrect	l mit. Decide	A - a loud			
Toya Colvin	Title Regulatory Analyst					
Signature 1010 (a) Date 02/06/07						
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved by	Janlee les (Title A	Fill Date ?	1/11/07		
Conditions of approval, if any, are attached Certify that the applicant holds legal subject lease which would entitle the	il or equitable title to those ri	ghts in the Office	Fo			
Title 18 U.S.C. Section 1001 and Title any false, fictitious or fraudulent statem	: 43 U.S.C. Section 1212, make	it a crime for any person knowingly a	nd willfully to make to any departn	nent or agency of the United States		



