UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

| FORM APPRO | VED |
|-----------------|-------|
| OMB No. 1004 | -0135 |
| Eventes July 31 | 2010 |

5 Lease Serial No

NMSF 078132

| 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 | |
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| SUBMIT IN TRIPLICATE — Other instructions on reverse side | If Unit or CA/Agreement, Name and/or No | |
| 1. Type of Well Oil Well A Gas Well Other NAME of Operator | NS8. Well Name and No. | |
| Oil Well Gas Well Other | Annie L. Elliott B 5E | |
| 2. Name of Operator | Man Official Well No. | |
| BP America Production Company Attn: Cherry Hlava 30-045-25594 | | |
| 1. Type of Well Oil Well Gas Well Other Other | 10. Field and Pool, or Exploratory Area Basin Dakota | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 950' FSL & 790' FEL Sec. 10 T29N, R09W SESE | 11. County or Parish, State San Juan County, New Mexico | |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OR NO | OTICE, REPORT, OR OTHER DATA | |
| TYPE OF SUBMISSION TYPE OF ACTION | | |
| Acidize Deepen | Production (Start/Resume) Water shut-Off | |
| Notice of Intent Alter Casing Fracture Treat | Reclamation Well Integrity | |
| | Recomplete Other | |
| Subsequent Report | Water Disposal Change of Operator | |
| Final Abandonment Notice Convert to Injection Plug Back | | |
| Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and ap If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all provide the Bond No on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the invinterval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, ready for final inspection. This sundry is submitted for clarification purposes. | If pertinent markers and zones Attach the Bond under which the work will be performed or folved operations. If the operation results in a multiple completion or recompletion in a new | |
| The "effective" date for the Change of Operator between XTO & BP should be 1/1/1998. | | |
| The chosave date for the change of operator between ATO a Di chodia pe 1/1/1000. | | |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/typed) | | |
| Cherry Hlava Title Regula | atory Analyst | |
| Signature Cherry Hlava Date 03/04/2 | 2009 | |
| THIS SPACE FOR FEDERAL OR STATE | OFFICE USE ACCEPTED FOR RECORD | |
| Approved by Title | Date MAR 1 9 2009 | |
| 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 | FARMING TO A STATE OF | |

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 witin its jurisdiction