## RECEIVED MAY 29 2 09

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires July 31, 2010

	CAU OF LAND MANAGE		au of Land	M: r5:geilCease Serial No.		
SUNDRY NOTICES AND REPORTS ON WELLS Bureau of Land in Do not use this form for proposals to drill or to re-enter an Farmington Fig.				Fie d Omce	51 - 070302	
Abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee		
SUBMIT IN TRIPLIC	ATE – Other inst	uctions on reve	rse side	7. If Unit or CA/Agra	eement, Name and/or No.	
1. Type of Well  Gas Well  Other				8. Well Name and No.  Vandewart B 3M		
2. Name of Operator			_	9. API Well No.		
BP America Production Compan	ny Attn: Cherry Hlav	a			30-045-31356	
		No. (include area cod <b>281-366-4081</b>	10. Field and Pool, or Exploratory Area  Dakota / Balnco MV			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 880 FNL & 2055 FWL Sec 11 T 29N R 08W NENW				11. County or Parish, San Ju	State an, New Mexico	
12. CHEC	K APPROPRIATE BOX(I	ES) TO INDICATE NA	ATURE OR NO	OTICE, REPORT, OR OTHE	ER DATA	
TYPE OF SUBMISSION	TYPE OF A			OF ACTION	ACTION	
Notice of Intent	Acidize	Deepen		Production (Start/Resume)	Water shut-Off	
	Alter Casing	Fracture Trea	,	Reclamation	Well Integrity	
Subsequent Report	Casing Repair	New Constr	uction 📮	Recomplete	Other	
	Change Plans	Plug and Ab	oandon 🗔	Water Disposal		
Final Abandonment Notice	Convert to Injection	n Plug Back				
the Bond No on file with BLM/BIA. Required st	plete horizontally, give subsurface loca absequent reports shall be filed within	ations and measured and true ver 30 days following completion of	tical depths of all per f the involved operati	tinent markers and zones Attach the Bor ons If the operation results in a multiple	nd under which the work will be performed or provide completion or recompletion in a new interval, a Form ator has determined that the site is ready for final	
<b>5/21/09</b> Well treated with 110 gal. 15% HCI					RCVD JUN 3'09	
					DIL CONS. DIV.	
					DIST. 3	
14. I hereby certify that the foregoing I Name (Printed/typed)  Cherry Hlava	is true and correct		Title Regula	tory Analyst		
			Date 5/26/09			
Signature Cherry Hlava  Da				en e	ares town, and something the state in the source	
	THIS SPA	CE FOR FEDERAL	ORSTATE	OFFICE USE		
Approved by			Title	Date		
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			
Title 18 U.S C. Section 1001 and Title 43 I false, fictitious or fraudulent statements or r			nowingly and wi		nt or agency of the United States any	

JUN 0 2 2009