Form 3160-5 (November 1994)	DEPARTMEN	TED STATES IT OF THE INTE LAND MANAGE	rior ment 1	301 W. Grai	Dist. Budget Bu	M APPROVED	
SUNDRY NOTICES AND REPORTS ON WELLS Artesia, NM 88210 M 29276							
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 TRIPLICATE	- Other instructions on	reverse side	0111213141576	7. If Unit or CA/A	Agreement, Name and/or No.	
1. Type of Well Oil X Cias Well X Well 2. Name of Operator		56789	AUB 2002	8 Well Name and No. Sparkplug Ridge 17 2			
BP AMERICA PROL	UCTION COMPANY /	RECEIVED		9 API Well No.			
3a. Address			3b. Phone No. Undude area code AP		30-015-32273		
	RK BLVD, RM 5.174 Sec., T., R., M., or Survey Descrip	281-366-7183	81-366-7183		10. Field and Pool, or Exploratory Area Red Lake (Glorietta-Yeso)		
660' FNL & 660'		λ.	<u> </u>				
UNIT LETTER A,	SECTION 17, T18S, RA			11. County or Par EDDY			
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA							
TYPE CF	SUBMISSION			TYPE OF ACTION			
X Notice of Intent		Deepen Fracture Trea	Deepen Production (Start/Resume) Water Shut-Off Fracture Treat Reclamation Well Integrity				
Subsequ	uent Report	Casing Repair	New Constru	ction Recomple	ete	X Other Completion	
Final A	bandonment Notice	Change Plans	Plug and Abandon Temporarily Abandon ion Plug Back Water Disposal				
If the proposal is to Attach the Bond ur following completion testing has been co- determined that the f 6/16 Spuid Dat 6/23 Cementin 6/24 Rig Rele 7/3 LOCCERS 7/9 RU to ru 7/13 TOTP PERFS: 3011 Tbg: 2-7/8 Casing Detail Size Hole 5-1/2 7-7/8	ng, Run Casing eased TD un Pmp assembly, ND 1 - 3151 (22 SHOTS) - 3007' - Pump - 25-3 1: Weight Total 1 15.5# 3700 o PIT = 14.9 BELS	olete horizontally, give si rformed or provide the E f the operation results in Notices shall be filed on ion.)	burface locations and Bond No. on file with a multiple completion ly after all requirement l land tubing	d measured and true ver BLM/BIA. Required su nor recompletion in a n ints, including reclamation ACCE	tical depths of all p ubsequent reports sh ew interval a Form	RECORD	
Floot did ho	t bold SI w/300 PSI	6 HPS					
14. I hereby certify that the I Name (Printed Typed) SANDRA J.	foregoing is true and correct	J. More	Títle R	Title REGULATORY COMPLIANCE ASSISTANT			
			Date 8/	6/02			
	THI	S SPACE FOR FEE	DERAL OR STAT	E OFFICE USE			
Approved by		Title		Date			
certify that the applicant	f any, are attached. Approval holds legal or equitable title to icant to conduct operations thereon.	o those rights in the sub	warrant or Office oject lease				
Title 18 U.S.C. Section fraudulent statements or re	1001, makes it a crime for an epresentations as to any matter with the second s	y person knowingly and thin its jurisdiction.	willfully to make to	any department or agen	ncy of the United S	tates any false, fictitious or	

(Instructions on reverse)