## UP 3D STATES DEPARTM. OF THE INTERIOR BUREAU OF LAND MANAGEMENT.

BUREAU OF LAND MANOGE CORS. Division

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for property for the last of the

	FOW AI PROVED	
	G 1B-NO.1004-0135	0
	Expires: November 30, 2000	
1	00000	

5. Lease Senal NM 93457

6 If Indian	Allottes or Tribe Name

abandoned we	II. Use form 3160-3 (API Artesia	NNS 88219	P <b>20</b> 64		6. If Indian, Allottee	or Tribe Name		
SUBMIT IN TR		7. If Unit or CA/Agreement, Name and/or No.						
Type of Weli     Oil Well		8. Well Name and No. B&C 25 FEDERAL 3						
2. Name of Operator Contact: AMY T. SPA			ng@bp.com		9. API Well No. 30-015-31847			
3a. Address 200 WESTLAKE PARK BLVD, RM. 266 Ph: 281		3b. Phone No. (in Ph: 281.366.76 Fx: 281.366.76	clude area code 655	)	10. Field and Pool, or Exploratory LITTLE BOX CANYON			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T20S R21E NWNE 1310FNL 1980FEL					11. County or Parish, and State EDDY COUNTY, NM			
12. CHECK APPI	ROPRIATE BOX(ES) TO	INDICATE N	ATURE OF	NOTICE, RE	PORT, OR OTHE	ER DATA		
TYPE OF SUBMISSION	E OF SUBMISSION TYPE OF ACTION							
Notice of Intent	☐ Acidize ☐ Alter Casing	☐ Deepen ☐ Fracture	Treat	☐ Production	on (Start/Resume)	☐ Water Shut-Off ☐ Well Integrity		
☐ Subsequent Report ☐ Final Abandonment Notice	☐ Casing Repair☐ Change Plans☐ Convert to Injection	☐ New Co ☐ Plug and ☐ Plug Ba	d Abandon	☐ Recomple ☐ Temporar ☐ Water Dis	ete ily Abandon	☑ Other		
13. Describe Proposed or Completed Ope If the proposal is to deepen directions Attach the Bond under which the won following completion of the involved testing has been completed. Final Attach the site is ready for final Need to change drilling planes submitted by Nadel and Gusse separate Sundry Notice).	iny or recompete norizontally, given the will be performed or provide to operations. If the operation restandonment Notices shall be file nal inspection.)	give subsurface loca the Bond No. on file ults in a multiple co d only after all requ	with BLM/BIA mpletion or reco rements, includ	red and true vertical. Required subscompletion in a nerting reclamation,	ical depths of all perting equent reports shall be winterval, a Form 316 have been completed,	nent markers and zones. filed within 30 days 60-4 shall be filed once and the operator has		
Rig layout was changed in Sur Schematics containing location Brilling Plan: These attachme	face Use Plan (attached).	uts correspond t	0.	se Plan and	ted in a	ECENED ARTESIA		
14. I hereby certify that the foregoing is  Name (Printed/Typed) AMY T. SI	Electronic Submission # For ARC Committed to AFMSS	O PERMIAN, sei for processing b	it to the Caris y linda askwi	bad g on 09/04/200	t ()	and the second		
Name (Printed/Typed) AMY T. SI	ANG	Ti	E AUTHO	RIZED REPR	ESENTATIVE			
Signature (Electronic S	ubmission)	Da	te 08/31/2	001				
	THIS SPACE FO	R FEDERAL (	OR STATE	OFFICE US				
	D.) JOE G. LARA		Title 900	roleum Enni	Date	10/16/2001		
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct the applicant the applicant to conduct the applicant the applicant to conduct the applicant t	itable title to those rights in the	not warrant or subject lease	Office C	Fo	50° <b>4</b>	, ,		