Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE TOTAL BUREAU OF LAND MANAGEMENT

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

Lease Serial No.

SUNDI Do not use t	RY NOTICES AND RE his form for propositis rell. Use Form 3160-3 (A	PORTS/ON WELLS (b, drill-or-onge-ente)	RR 22 PM 2: 25	
abandoned w	ell. Use Form 3160-3 (A	APD) for such proposi	ARMINGTON, NM	6. If Indian, Allottee or Tribe Name
	IJPLIGATE OTHERIS		e side	7. If Unit or CA/Agreement, Name and/or
1. Type of Well Oil Well Gas Well	Other	9 5 7 E 12		85 Well Name and No.
2. Name of Operator BP America Production Company				Russell #2
3a. Address 3b. Phone No. (include area code)				<i>300452405</i> 00
P.O. Box 3092 Houston, TX 7728-3092 281-366-408.1 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				10. Field and Pool, or Exploratory Area
SW/SW Sec24 Tarn R8W				Dasin-Dakata, Blanco-Mague 11. County or Parish, State San Juan, NM
12. CHECK AP	PROPRIATE BOX(ES)	TO INDICATE NATU	re of notice, re	PORT, OR OTHER DATA
TYPE OF SUBMISSION		TYPE OF ACTION		
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair	☐ Deepen ☐ Fracture Treat ☐ New Construction	Production (Start/I Reclamation Recomplete	Resume) Water Shut-Off Well Integrity Other
	Change Plans	Plug and Abandon	Temporarily Abar	
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Water Disposal	proposed work and approximate duration ther
Attach the completion of the invitesting has been completed. Fir determined that the site is ready: BP Amer: ca P Change our c fixed percent Our fixed f	over operations. If the operation of the operations of the operations of the operation of t	pany respect thod from stanblished pakota tions about	fully requestion in rements, including reclams the subtraction of and 87 do	vertical depths of all pertinent markers and zo d subsequent reports shall be filed within 30 c a new interval, a Form 3160-4 shall be filed or nation, have been completed, and the operator the permission to thou method to a note. Mesquerde r please contact
Kathy Boyds	ton 6. 418-4	25-7043. ease Modid	L Support	my documentalin
14. I hereby certify that the foregoing Name (Printed/Typed) Yothy Boyd Signature Latter b	sis true and correct	Title P	ousiness a	nalyst
	A THIS SPACE		ATE OFFICE USE	
Approved by Conditions of approval if any, are a certify that the applican holds legal which would entitle the applicant to co	ttached, Approval of this notion or equitable fills to those determined the confidence of the confiden	ce does not warrant or	3	Date 7 16 64