Form 3160-5

UNITED STATES

(February 2005)	DEPARTMENT OF THE INBUREAU OF LAND MANAGE		\$	5 Jase Serial	Expires: March 31, 2007		
SUNDRY NOTICES AND REPORTS ON WELLS					1NM 138	860A	
Do not use this form for proposals to drill or to re-enter an					Allottee or Tribe Nan		
	vell. Use Form 3160-3 (AP		posals.	18. Pí	n 1 51		
SURMITINIT	DIDI ICATE. Other instru	ctions on revers	= 2005 AUG se side	7. If Unit or	CA/Agreement, Nam	e and/or No.	
					ED	,	
1. Type of Well Gas Well Other 070					icland Na 18 19	20	
2. Name of Operator BP	lmerica Prod	uction (Q_{ij}	イイUS 9 API Wel	Sell 41	<u> </u>	
					45-317á	12	
3a Address 200 Energy Ct. St. Phone No. (include area code) Farming ton, Nm 87402 918.925-7027					Pool, or E. pioratory	Area,	′
4. Location of Well (Edotage, Sec	., Ť., R., M., or Survey Description)	_		Bas 11 County o	or Parish, State	cota	
SW/NW Sec 25 T28N RO8W					Λ.	1100	
				San	Juan Utij	$\rightarrow N M$	
12. CHECK A	APPROPRIATE BOX(ES) TO I		E OF NOTICE, RI	EPORT, OR	OTHER DATA		
TYPE OF SUBMISSION							
Notice of Intent	Acidize	Deepen	Production (State	n/Resume)	Water Shut-Off Well Integrity		
	Alter Casing Casing Repair	Fracture Treat New Construction	Reclamation Recomplete		Other		
Subsequent Report	Change Plans	Plug and Abandon	Temporarily Ab	andon			
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal				
Attach the Bond under which following completion of the testing has been completed, determined that the site is real Subject was producted to Basin Day Gas meter	n estimated n estimated kota horizor ed through notice #4	the Bond No. on file we sults in a multiple compled only after all requires when the sults in a multiple compled only after all requires when the sults are sults and the sults are sults and the sults are su	vith BLM/BIA. Require letion or recompletion in ments, including reclam	d subsequent ren a new interval ation, have been	eports must be filed w I, a Form 31604 must a completed, and the of BOP D. as a form	ithin 30 days t be filed once operator has	8797
14. I hereby certify that the fo Name (Printed/Typed)	regoing is true and correct	5 Title	Product	the K	holp	ESTING.	8/1
Signature	wh H Habl	Date	8/16/0	5	•		
	THIS SPACE FOR FI	EDERAL OR S	TATÉ OFFICE	USE			
			itla	L)ate		
Approved by Conditions of approval if any ar	e attached Approval of this notice do		itle		, au		

which would entitle the applicant to conduct operations thereon. 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 within its jurisdiction.

Office

certify that the applicant holds legal or equitable title to those rights in the subject lease

FORM APPROVED