

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

5. Lease Serial No.  
NMSF080917

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
ATLANTIC B LS 4B

2. Name of Operator  
BP AMERICA  
Contact: SABRE BEEBE  
E-Mail: sabre.beebe@bpx.com

9. API Well No.  
30-045-32841

3a. Address  
ATTN: SABRE BEEBE 1199 MAIN AVENUE  
DURANGO, CO 81301

3b. Phone No. (include area code)  
Ph: 970-779-9398

10. Field and Pool or Exploratory Area  
BLANCO MESAVERDE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 5 T30N R10W SENW 1550F NL 1500F WL  
36.836011 N Lat, 107.899679 W Lon

11. County or Parish, State  
SAN JUAN COUNTY COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <input checked="" type="checkbox"/> Reclamation    | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction     | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other          |
|   | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon     | <input type="checkbox"/> Temporarily Abandon       |   |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back            | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleting in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

The Atlantic B LS 4B well was plugged and abandoned on 5/2/2017 and underwent full reclamation work. On August 30, 2017 Randy McKee, BLM and Sabre Beebe, BP visited site for the purpose of obtaining BLM approval of the re-contract work performed. Mr. McKee concurred that the location met all BLM reclamation requirements.

Should you have any questions or concerns regarding this well please contact Sabre Beebe at 970-779-9398 or sabre.beebe@bpx.com

NMOC

FEB 04 2019

DISTRICT III

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #448966 verified by the BLM Well Information System  
For BP AMERICA, sent to the Farmington  
Committed to AFMSS for processing by ALBERTA WETHINGTON on 01/28/2019 ( )

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name (Printed/Typed) SABRE BEEBE  | Title COMPLIANCE SPECIALIST |
| Signature (Electronic Submission) | Date 01/07/2019             |

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

|   |                       |                     |
|---|-----------------------|---------------------|
| Approved By <i>Sabrina Beebe</i>  | Title <i>Supv NMS</i> | Date <i>1/30/19</i> |
| 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 <i>FFO</i>   |

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.

(Instructions on page 2)

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

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