DEF BUF  SUNDRY N  Do not use this  Abandoned well.  SUBMIT IN TRIPLIA  1. Type of Well  Oil Well  X  2. Name of Operator  BP AMERICA PRODUCTION C	side M	FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000  5. Lease Serial No.  6. If Indian, Allottee or tribe Name NMSF - 078387-A  7. If Unit or CA/Agreement, Name and/or No.  8. Well Name and No. Fletcher 1M  9. API Well No. 30-045-31948									
3a. Address P.O. Box 3092 Houston, Tx 7725.	lude area code)	Dasin Dakota & Blanco Mesaverde									
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Section 33 T31N R08W SENE 2310' FNL & 1540' FWL							11. County or Parish, State SAN JUAN, NM				
12. CHE	CK APPRO	PRIATE BOX(	ES) TO	INDICATE NATUR	E OR 1	NOTICE, REPORT,	OR OTHE	R DATA			
TYPE OF SUBMISSION			1	TYPE OF ACTION							
Notice of Intent		Acidize Alter Casing		Deepen		Production (Start/Resume) Reclamation		Water sh			
Subsequent Report		ng Repair		Fracture Treat  New Construction	<u>.</u>	Recomplete		Well Integrity  Other Perfs added to existing MV formation			
Final Abandonment Notice		ge Plans		Plug and Abandon Plug Back		Water Disposal	Water Disposal				
13. Describe Proposed or Completed If the proposal is to deepen direc Attach the Bond under which the following completion of the invotesting has been completed. Fit determined that the site is ready TEST BOP 250 LOW, 1500 MV ON 07/14/06 4890'-518	tionally or re e work will lived operational Abandon for final ins ) HIGH.	complete horizone performed or ons. If the operament Notices shapection.  FESTED GC  SPF, TIH &	ntally, provide tion result be formall be fo	give subsurface location the Bond No. on file sults in a multiple comp iled only after all requi	ns and swith Boletion or rements GAT	measured and true vi LM/BIA. Required or recompletion in a s, including reclamat	ertical depth: subsequent in new interva- tion, have be	s of all pertine reports shall b l, a Form 316 en completed	ent markers and be filed within 3 0-4 shall be filed and the operate	zones. 0 days d once or has	
14. I hereby certify that the foregoin Name (Printed/typed)	ng is true an	dcorrect		1							
Kristina Hurts Title Reg						atory Analyst					
Signature function	4	THIS SPA	CE FC	Date 08/	73078	E OFFICE USE					
Approved by	Title			Date							
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						
Title 18 U.S.C. Section 1001 and Title any false, fictitious or fraudulent statem					wingly	and willfully to make	to any depa	rtment or ager	ncy of the United	States	

ACCEPTED FOR RECORD

SEP 0 7 2006

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