UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANGEMENT 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.	SF NM - 078096			
SUBMIT IN TRIPLICATE = Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well  Oil Well  Gas Well  Other					8. Well Name and No.			
Name of Operator     BP America Production Company Attn: Kristen Holder					9. API Well No. 30-045-10586			
3a. Address P.O. Box 3092 Houston, TX 77253  3b. Phone No. (include area code) 281-504-0921				10.	10. Field and Pool, or Exploratory Area  Basin Dakota & Blanco Mesaverde			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1500' FNL & 1775' FEL Sec 20 T31N R 11W					11. County or Parish, State San Juan County, New Mexico			
12. CHEC	CK APPROPRIATE BOX(E	S) TO INDICATE	NATURE OR	NOTICE	, REPORT, OR OT	THER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION							
	Acidize Deepen			Product	duction (Start/Resume) 🔲 Water shut-Off			
Notice of Intent	Alter Casing Fracture Treat			Reclamation				
Subsequent Report	Casing Repair New Construction Recomplete							
Final Abandonment Notice	Change Plans	bandon 🖵	andon					
	Convert to Injection Plug Back				Other			
13. Describe Proposed or Completed Op If the proposal is to deepen direction Bond under which the work will be involved operations. If the operation Abandonment Notices shall be filed of	nally or recomplete horizontally performed or provide the Bond I ion results in a multiple completion	, give subsurface loo No. on file with BLN tion or recompletio	ations and measu MBIA. Required in a new interv	red and tri subsequent al, a Form	ue vertical depths of a t reports shall be filed 1 3160-4 shall be file	all pertinent markers and within 30 days following and once testing has been	I zones. Attach the g completion of the n completed. Final	
11/06/08 This well was treated with 110 gallons of 15% HCL.						RCVD MOV	2108	
						OIL CONS	. A.V.	
14. I hereby certify that the foregoin Name (Printed/typed)	ng is true an dcorrect							
Kristen Holder	Title Regulatory Analyst							
Signature Kristin Ubldes Date 11/10/08						This section of Management Lamps with		
	THIS SPAC	E FOR FEDER	AL OR STA	TE OFF	ICE 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.								
Title 18 U.S.C. Section 1001 and Title any false, fictitious or fraudulent statement				and willf	fully to make to any	department/or/agancy/o	The United States	

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