

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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.*

**RECEIVED**

FORM APPROVED  
OMB No. 1004-0135  
Expires July 31, 2010

5 Lease Serial No.  
**Bureau of Land Management**  
**Farmington Field Office**  
6 If Indian, Allottee or tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. <b>Pritchard 3A</b>
2. Name of Operator <b>BP America Production Company Attn: Cherry Hlava</b>	9. API Well No. <b>30-045-22345</b>
3a. Address <b>P.O. Box 3092 Houston, TX 77253</b>	10. Field and Pool, or Exploratory Area <b>Basin Fruitland Coal; PC &amp; Mesaverde</b>
3b. Phone No. (include area code) <b>281-366-4081</b>	11. County or Parish, State <b>San Juan County, New Mexico</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>1000' FSL &amp; 800' FEL Sec. 31 T29N, R08W SESE</b>	

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OR 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 checked="" 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"/> Fracture Treat <input 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"/> Water Disposal
	<input type="checkbox"/> Convert to Injection <input type="checkbox"/> Plug Back

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 recompleate 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.

**February 2009 Compliance Well**

RCVD JUN 29 '09

Above well was restored to production 06/19/2009

OIL CONS. DIV.

DIST. 3

*0104 aprd 4-17-09*

14. I hereby certify that the foregoing is true and correct  
Name (Printed/typed) **Cherry Hlava** Title **Regulatory Analyst**

Signature *Cherry Hlava*

Date **06/22/2009**

**THIS SPACE FOR FEDERAL OR STATE 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 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.

**REGISTERED FOR RECORD**

JUN 25 2009

**FARMINGTON FIELD OFFICE**  
*Sr~*

**NMOCD**

*Out of compliance w/NMOCD Rule 5.9 6/29/09*