Form 3160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB/NO. 1004-0135
Expires November 30, 2008

	OKENO OF EATED MAINE	TEMETAL				
SUNDRY NOTICES AND REPORTS ON WELLS				5. Lease Serial No. NMNM - 01264	5. Lease Serial No. NMNM - 012647	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals 1181970 SUBMIT IN TRIPLICATE - Other instructions on reverse side. FEB 2002				6. If Indian, Allottee	6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRI	PLICATE - Other instruc	tions on reverse side	FER 2000	7. If Unit or CA/Agr	eement, Name and/or No.	
1. Type of well		<u></u>	ECFIVE	Well Name and No).	
Oil Well Gas Well Oth 2. Name of Operator		MARY CORLEGO	DIST. 8	API Well No.		
BP AMERICA PRODUCTION	COMPANY	E-Mail: corleyming top.com	ر 1 وم	30-045-23980		
3a. Address P.O. BOX 3092 HOUSTON, TX 77253	3b. Phone No. (included Ph: 281.366.449 Fx: 281.366.0700	rea code)	10. Field and Pool, or Exploratory BLANCO PICTURED CLIFES			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish,	11. County or Parish, and State	
Sec 22 T31N R9W SWSW 1030FSL 805FWL 36.87921 N Lat, 107.77321 W Lon				SAN JUAN CO	SAN JUAN COUNTY, NM	
12. CHECK APPI	ROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE,	REPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	☐ Acidize	☐ Deepen	☐ Produ	iction (Start/Resume)	☐ Water Shut-Off	
	☐ Alter Casing	☐ Fracture Treat	☐ Recla	mation	☐ Well Integrity	
☐ Subsequent Report	□ Casing Repair	■ New Construct	ion 🔲 Reco	mplete	☐ Other	
☐ Final Abandonment Notice	☐ Change Plans	Plug and Aban	don 🔲 Temp	☐ Temporarily Abandon		
	☐ Convert to Injection	□ Plug Back	_	r Disposal		
13. Describe Proposed or Completed Opt If the proposal is to deepen directions Attach the Bond under which the won following completion of the involved testing has been completed. Final Abdetermined that the site is ready for final Complete or Co	recomplete interesting the complete in operations. If the operation restoration in period of the control in the	erly Amoco) submitted only after all requirements of one o	d measured and true LM/BIA. Required: n or recompletion in s, including reclamat I for your approve ending review of plete the well duction status eit eserves by the e vised that we hav sion to maintain indicates no	vertical depths of all pertisubsequent reports shall be a new interval, a Form 316 ion, have been completed, al a Sundry ther and of retthe	nent markers and zones. e filed within 30 days	
14. Thereby certary that the folegoing is	Electronic Submission #1	0231 verified by the BL DDUCTION COMPANY,	M Well Information sent to the Farmi	on System ington		
Name(Printed/Typed) MARY CO	RLEY	Title S	UBMITTING CO	NTACT		
Signature (Electronic S	ubmissign (May // //	Date 0	1/30/2002			
	THIS/SPACE FØ	R FEDERAL OR ST	ATE OFFICE	USE		
Approved By			PF		2/13/02	
Approved By Conditions of approval, if any, are attached	Approval of this notice does -		1/	Date	7 13/02	
certify that the applicant holds legal or equ which would entitle the applicant to condu	itable title to those rights in the s	subject lease Office	FFO			

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.