

District I - (505) 393-6161
1625 N. French Dr
Hobbs, NM 88240
District II - (505) 748-1283
1301 W. Grand Avenue
Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Road
Aztec, NM 87410
District IV - (505) 476-3440
1220 S. St. Francis Dr.
Santa Fe, NM 87505

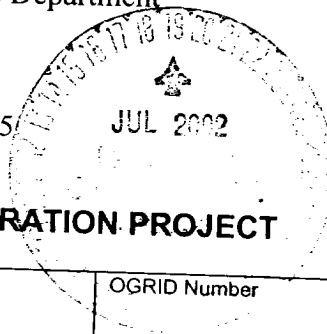
New Mexico
Energy Minerals and Natural Resources Department

Form C-139

Revised 06/99

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505
(505) 476-3440

SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE



APPLICATION FOR PRODUCTION RESTORATION PROJECT

I. Operator and Well:

Operator name & address BP America Production Company P.O. Box 3092 Attn: Mary Corley Houston, TX 77253						OGRID Number 000778		
Contact Party Mary Corley						Phone 281-366-4491		
Property Name 08w Price Com						Well Number 4		
API Number 30-045-24029								
UL A	Section 24	Township 28N	Ra08 4TW	Feet From The 1085	North/South Line North	Feet From The 1090	East/West Line East	County San Juan

II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): Basin Dakota	
Date Production Restoration started: 6/15/2001	Date Well Returned to Production: 07/01/2001
Describe the process used to return the well to production (Attach additional information if necessary): Well recompleted from the Basin Dakota - Originally submitted on Form C-140 on 6/20/2002	

III. Identify the period and Division records which show the Well had thirty (30) days or less production for the twenty-four consecutive months prior to restoring production:

Records Showing Well produced less than 30 days during 24 month period:		Month/Year (Beginning of 24 month period): 01/01/1999
<input type="checkbox"/> Well file record showing that well was plugged	<input checked="" type="checkbox"/> ONGARD production data	Month/Year (End of 24 month period): 12/31/2001
<input type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)		

IV. Affidavit:

State of Texas)
County of Harris) ss.
Mary Corley, being first duly sworn, upon oath states:
1. I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
2. I have personal knowledge of the facts contained in this Application.
3. To the best of my knowledge, this application is complete and correct.

Signature Mary Corley Title Senior Regulatory Analyst Date _____

SUBSCRIBED AND SWORN TO before me this 16 day of July, 2002.

My Commission expires _____

Notary Public Patricia Bogg Disiena

Patricia Bogg Disiena
Notary Public, State of Texas
My Commission Expires
September 20, 2005

FOR OIL CONSERVATION DIVISION USE ONLY:

V. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Production Restoration Project. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that production was restored on:

Signature District Supervisor <u>Deny</u>	OCD District	Date
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:

C140 APPROVED 11-01-1996

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: November 30, 2000

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5. Lease Serial No. NMSF - 078390	
b. Type of Completion <input type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Rcvr. Other _____		6. If Indian, Allottee or Tribe Name	
2. Name of Operator AMOCO PRODUCTION COMPANY		7. Unit or CA Agreement Name and No.	
3. Address P.O. BOX 3092 HOUSTON, TX 77253		8. Lease Name and Well No. PRICE COM 4	
3a. Phone No. (include area code) Ph: 281.366.4491 Fx: 281.366.0700		9. API Well No. 30-045-24029	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NENE Lot A 1085FNL 1090FEL At top prod interval reported below At total depth		10. Field and Pool, or Exploratory BLANCO MESAVERDE	
14. Date Spudded 08/22/1980		11. Sec., T., R., M., or Block and Survey or Area Sec 24 T28N R8W Mer NMP	
15. Date T.D. Reached 08/31/1980		12. County or Parish SAN JUAN	
16. Date Completed <input type="checkbox"/> D & A <input type="checkbox"/> Ready to Prod. 06/28/2001		13. State NM	
17. Elevations (DF, KB, RT, GL)* 6219 GL			
18. Total Depth: MD 7385 TVD		19. Plug Back T.D.: MD TVD	
20. Depth Bridge Plug Set: MD TVD			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR		22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)	

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Casing Top*	Amount Pulled
12.250	9.625	36.000		297		150		0	
8.750	7.000	23.000		3499		392		0	
6.250	4.500	11.000		7324		198			

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.375	5302							

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) MESAVERDE	4426	5334	4426 TO 5334	3.130	74	
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
4882 TO 5334	80,000 LBS16/30 BRADY SAND & 70% N2 FOAM
4426 TO 4782	80,000 LBS16/30 BRADY SAND & 70% N2 FOAM(2)

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
06/25/2001	06/25/2001	12	→	1.0	450.0	1.0			FLOW FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
		230.0	→					PGW	

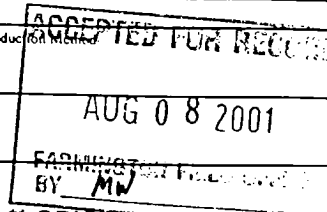
28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #5684 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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OPERATOR