

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

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.

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 | | 5. Lease Serial No. NMNM0468126 | |
| 2. Name of Operator BP AMERICA PRODUCTION CO | | 6. If Indian, Allottee or Tribe Name | |
| 3a. Address P. O. BOX 3092 HOUSTON, TX 77253 | | 7. If Unit or CA/Agreement, Name and/or No. | |
| 3b. Phone No. (include area code) Ph: 281.366.4491 Fx: 281.366.0700 | | Well Name and No. CALLOW 12 | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T29N R13W NENW 0890FNL 1820FWL 36.68793 N Lat, 108.21388 W Lon | | API Well No. 30-045-07741-00-D1 | |
| | | 10. Field and Pool, or Exploratory UNNAMED Total GAL + Basin | |
| | | 11. County or Parish, and State SAN JUAN COUNTY, NM DAK. | |

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF 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"/> Temporarily Abandon | |
| | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | |

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 recompleat 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 recompleat 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.)

The subject well was restored to production on May 12, 2002, therefore, we respectfully request that the approval granted for plug and abandonment on February 8, 2002 be rescinded.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 14. I hereby certify that the foregoing is true and correct. Electronic Submission #11465 verified by the BLM Well Information System For BP AMERICA PRODUCTION CO, sent to the Farmington Committed to AFMSS for processing by Lucy Bee on 05/23/2002 (02LXB0913SE) | |
| Name (Printed/Typed) MARY CORLEY | Title AUTHORIZED REPRESENTATIVE |
| Signature (Electronic Submission) | Date 05/23/2002 |

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 ACCL - D FOR RECOR |

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.

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STATE OF NEW MEXICO
ENERGY and MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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Revised 10/01/78

This form is not to
be used for reporting
packer leakage tests
in Southeast New Mexico

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator AMOCO PRODUCTION Lease CALLOW Well No. 12
Location of Well: Unit C Sec. 33 Twp. 29N Rge. 13W County SAN JUAN

| | NAME OF RESERVOIR OR POOL | TYPE OF PROD. (Oil or Gas) | METHOD OF PROD. (Flow or Art. Lift) | PROD. MEDIUM (Tub. or Csg.) |
|------------------|---------------------------|-------------------------------|----------------------------------------|--------------------------------|
| Upper Completion | GALLUP | GAS | FLOW | TUBING |
| Lower Completion | BASIN DAKOTA | GAS | FLOW | TUBING |

PRE-FLOW SHUT-IN PRESSURE DATA

| | | | | |
|------------------|--------------------------------------|-------------------------------------------|------------------------------|---------------------------------------|
| Upper Completion | Hour, date shut-in <u>5/14/89</u> | Length of time shut-in <u>72 hours</u> | SI press. psig <u>182</u> | Stabilized? (Yes or No) <u>Y/N</u> |
| Lower Completion | Hour, date shut-in <u>5/14/89</u> | Length of time shut-in <u>72 hours</u> | SI press. psig <u>775</u> | Stabilized? (Yes or No) <u>Y/N</u> |

FLOW TEST NO. 1

| Commenced at (Hour, date) <u>5/17/89</u> | | | | Zone producing (Upper or Lower) | |
|------------------------------------------|-----------------------|------------------|------------------|---------------------------------|---------------------------------|
| TIME (Hour, date) | LAPSED TIME SINCE* | PRESSURE | | PROD. ZONE TEMP. | REMARKS |
| | | Upper Completion | Lower Completion | | |
| <u>5/14</u> | <u>day 1</u> | <u>182</u> | <u>775</u> | X | <u>Both zones 2 1/2"</u> |
| <u>5/15</u> | <u>day 2</u> | <u>182</u> | <u>775</u> | | <u>" "</u> |
| <u>5/16</u> | <u>day 3</u> | <u>182</u> | <u>775</u> | | <u>" "</u> |
| <u>5/17</u> | <u>day 4</u> | <u>182</u> | <u>775</u> | | <u>took 5 1/2" gas on lower</u> |
| <u>5/18</u> | <u>day 5</u> | <u>182</u> | <u>775</u> | | <u>Lower zone flowing</u> |
| <u>5/19</u> | <u>day 6</u> | <u>180</u> | <u>766</u> | | <u>" "</u> |

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: _____ MCFPD; Tested thru (Orifice or Meter): METER

MID-TEST SHUT-IN PRESSURE DATA

| | | | | |
|------------------|--------------------|------------------------|----------------|-------------------------|
| Upper Completion | Hour, date shut-in | Length of time shut-in | SI press. psig | Stabilized? (Yes or No) |
| Lower Completion | Hour, date shut-in | Length of time shut-in | SI press. psig | Stabilized? (Yes or No) |

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OIL CON. DIV.,
EST. 3

FLOW TEST NO. 2

| Commenced at (hour, date) @ @ | | | | Zone producing (upper or lower) | |
|-------------------------------|--------------------------|------------------|------------------|---------------------------------|---------|
| TIME (hour, date) | LAPSED TIME SINCE @ @ | PRESSURE | | PROD. ZONE TEMP. | REMARKS |
| | | Upper Completion | Lower Completion | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved JUN 08 1989 19 _____
New Mexico Oil Conservation Division

Original Signed by CHARLES GHOLSON

By _____

Title DEPUTY ASSISTANT COMMISSIONEROperator Amoco Prod. Co.By [Signature]Title Field ForemanDate 6-5-89

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such test shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Official operations shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure is stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except

that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours test: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day test: immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Asset District Office of the New Mexico Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-01-78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).