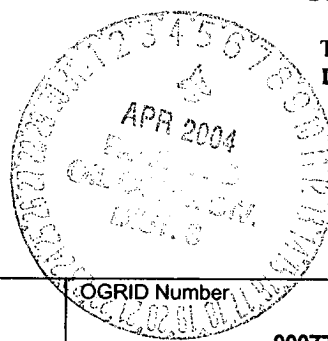


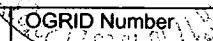
**Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505
(505) 476-3440**

**SUBMIT ORIGINAL
PLUS 2 COPIES
TO APPROPRIATE
DISTRICT OFFICE**

APPLICATION FOR
WELL WORKOVER PROJECT



I. Operator and Well

Operator name & address								
BP America Production Company P.O. Box 3092 Attn: Mary Corley Houston, TX 77253						000778		
Contact Party						Phone		
Mary Corley						281-366-4491		
Property Name					Well Number	API Number		
Mudge B					14	30-045-10579		
UL H	Section 21	Township 31N	Range 11W	Feet From The 1500	North/South Line North	Feet From The 800	East/West Line East	County San Juan

II. Workover

Date Workover Commenced: 06/23/2003	Previous Producing Pool(s) (Prior to Workover): Blanco Mesaverde
Date Workover Completed: 07/02/2003	

III. Attach a description of the Workover Procedures performed to increase production.

IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

V. AFFIDAVIT:

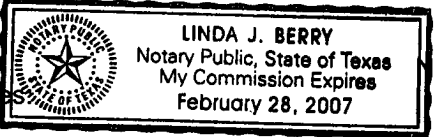
State of Texas)
) ss.
County of Harris)
Mary Corley, being first duly sworn, upon oath states:

1. I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
2. I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
3. To the best of my knowledge, this application and the data used to prepare the production curve and/or table for this Well are complete and accurate.

Signature Mary Corley Title Senior Regulatory Analyst Date April 1, 2004

SUBSCRIBED AND SWORN TO before me this 1 day of April, 2004.

My Commission expires _____

 Linda J. Berry
Notary Public

FOR OIL CONSERVATION DIVISION USE ONLY:

VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on

7/2, 03

37.8

Signature District Supervisor	SUPERVISOR DISTRICT #3	Date
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APR 05 2004

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

RECEIVED

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. Lease Serial No.

SF - 078096

6. If Indian, Allottee or tribe Name

7. If Indian, Allottee or tribe Name or CA/Agreement, Name and/or No.

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. Mudge B 14
2. Name of Operator BP America Production Company Attn: Mary Corley		9. API Well No. 30-045-10579
3a. Address P.O. Box 3092 Houston, TX 77253	3b. Phone No. (include area code) 281-366-4491	10. Field and Pool, or Exploratory Area Blanco Mesaverde & PC
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1500' FNL & 0800' FEL Sec. 21 T31N, R11W		11. County or Parish, State San Juan County, New Mexico

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 type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Water Disposal
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water shut-Off
			<input type="checkbox"/> Well Integrity
			<input type="checkbox"/> Other <u>PayAdd</u>

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.

06/23/2003 MIRUSU. Blow down wellhead. Kill w/2% KCL WTR. NDWH. NU BOPs. Test BOPs to 500#. Test OK. TOH w/production TBG. RU, TIH w/RBP & set @ 4660'. Load hole with 2% KCL. Press Test to 500#. Test ok. RU & ran GR log. Pressure test CSG to 2500#. Test ok. RU & Perforate Menefee formation w/2 JSPF, .350 inch diameter, 14 Shots / 28 Holes: 4462', 4468', 4476', 4494', 4500', 4512', 4534', 4540', 4546', 4556', 4570', 4586', 4590', 4598'. Install wellhead isolation tool. Spearhead 500 gal 15% HCL, establish injection rate, and frac w/79,333# 16/30 Brday Sand, 70% Quality Foam & N2. RU & flowback frac thru 1/4" choke for 9 hrs. Upsized to 1/2" choke & flowed back for 6 hrs. Downsized to 1/4" choke & flowed back 22 hrs. TIH & tag fill @ 4530'. C/O to top of RBP. PU above perfs & SI Well for 12 hrs. TIH & tag 40' of fill. C/O to RBP. Release RBP & TOH. TIH & tag fill @ 4760'. C/O to PBTD @ 4980'. Blow well dry @ PBTD. TIH w/2-3/8" production TBG & and land @ 4731'. ND BOP's. NUWH. Test well for air. 07/02/2003 RDMOSU 17:30 hrs. Return well to production.

14. I hereby certify that the foregoing is true and correct
Name (Printed/typed)

Mary Corley

Title Senior Regulatory Analyst

Signature

Mary Corley

Date 07/15/2003

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date	ACCEPTED FOR RECORD JUL 31 2003 FARMINGTON FIELD OFFICE any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.
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		

OPERATOR

Year: 2002

Pool Name: BLANCO-MESAVERDE (PRORATED GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBL)	Days Produced
January	22	2712	0	31
February	0	2669	0	28
March	13	2883	5	31
April	10	2757	0	30
May	14	3123	0	31
June	11	3007	0	30
July	13	3077	0	31
August	9	3508	0	19
September	24	3965	0	3
October	2	2803	0	31
November	7	2963	0	30
December	11	2925	0	31
Total	136	36392	5	326

Year: 2003

Pool Name: BLANCO-MESAVERDE (PRORATED GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBL)	Days Produced
January	12	2574	0	31
February	7	2774	0	28
March	5	2761	0	31
April	4	2781	109	31
May	4	2885	0	31
June	10	1696	0	19
July	1	3872	0	31
August	22	3700	0	31
September	13	3532	40	31
October	19	3618	0	31

