

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. I-149-IND-8486
2. Name of Operator BP AMERICA PRODUCTION COMPANY		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 3092 HOUSTON, TX 77079		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 281.366.4081 Fx: 281.366.0700		8. Well Name and No. GALLEGOS CANYON UNIT 328
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T29N R12W SESW 1070FSL 1520FWL		9. API Well No. 30-045-24735
		10. Field and Pool, or Exploratory MESAVERDE
		11. County or Parish, and State SAN JUAN COUNTY, NM

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 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 checked="" 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.)

11/07/2001 Amoco Production requested permission to perform a packer leakage test on this well.
Approval was given 12/03/01.

This test was completed Feb 27, 2002. Supporting documentation is attached.
Documentation & test data was sent to NMOCD 3/7/02.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #10717 verified by the BLM Well Information System For BP AMERICA PRODUCTION COMPANY, sent to the Farmington	
Name (Printed/Typed) CHERRY HLAVA <i>Cherry Hlava</i>	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 03/11/2002

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

Approved By _____	Title _____	DATE 19 2002
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 _____	FARMINGTON FIELD OFFICE BY _____

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.

**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****

NMOCD

NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

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

Page 1
Revised 11/16/98

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator BP America Production Company Lease Name Gallegos Canyon Unit Well No 328

Location of Well: Unit Letter N Sec 33 Twp 29N Rge 12W API # 30-045-24735

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Completion	FRUITLAND SAND	GAS	FLOW	TBG
Lower Completion	MESA VERDE	SWD ZONE	INJECTION	TBG

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, date shut-in 7:00 AM 2/16/02	Length of time shut-in 72 hrs	SI press. Psig 215# CSG	Stabilized? (Yes or No) YES
Lower Completion	Hour, date shut-in 7:00 AM 2/16/02	Length of time shut-in 72 HRS	SI press. Psig 410# TBG	Stabilized? (Yes or No) YES

FLOW TEST NO. 1

Commenced at (hour, date)*			Zone producing (Upper or Lower):	
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE Upper completion Lower Completion	PROD. ZONE TEMP.	REMARKS
2:30 pm 2/19/02		215 880		
3:30 pm 2/19/02	1 HR	215 900		
6:30 PM 2/19/02	4 HRS	215 930		
10:30 PM 2/19/02	8 HRS	215 935		
2:30 PM 2/20/02	24 HRS	215 935		
Off 2:30P 2/20/02				

Production rate during test

Water: 411 BOWD based on 411 Bbls. in 24 Hours Grav. GOR
Gas: 0 MCFPD; Tested thru (Orifice or Meter):

MID-TEST SHUT-IN PRESSURE DATA

Upper Completion	Hour, date shut-in 2:30 2/20/02	Length of time shut-in 43 HRS	SI press psig 210 tbg 215/ csg	Stabilized? (Yes or No) YES
Lower Completion	Hour, date shut-in 2:30 PM 2/20/02	Length of time shut-in 43 HRS	SI press. psig 510 TBG	Stabilized? (Yes or No) NO

(Continue on reverse side)

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 Aztec District Office of the New Mexico Oil Conservation Division on northwest new Mexico packer leakage Test Form Revised 11-16-98 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Tubing Red Casing Blue
CHART NO. MC MP-1500-31D

METER _____

2-8-02

CHART PUT ON _____

LOCATION

REMARKS

1500#

X
1500#

TAKEN OFF

2-1-02 M

GCU # 328

Calibrated & Ready
Set on 3/day
New Battery



Function Test Checklist
 #1 N/A High psi shutdown N/A psig
 #2 N/A High psi shutdown N/A psig
N/A Low Level/pump off
N/A Upper Level/pump on
 Start Volumes 0 bbls
 End Volumes 411 bbls
 Total Injected 411 bbls
 Avg Bbls/day 14.7 psig
 Avg Injection 930 psig
 Max Injection 940 psig

Allowable Permit Pressure 1000 psig
 Casing PSI DUAL Bleed Off Time N/A
 Comments DUAL well
 Well Name CU # 328-220 Date 3/1/02

2/19/02 Pumps all operated manually for packer test only.
 2/22/02 Freeze on casing valve.
 Actual PSI was 215#.

2/22/02 Upper zone turned on.
 2/28/02 - Building off well head.
 Injection tubing & upper zone casing trying to freeze & have
 Transducer

Quaker
 BS Shaw