

**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

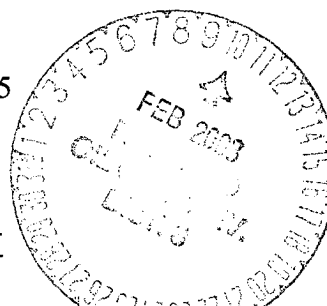
Energy Minerals and Natural Resources Department

Form C-140

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  
WELL WORKOVER PROJECT

**I. Operator and Well**

Operator name & address <b>BP America Production Company P.O. Box 3092 Attn: Mary Corley Houston, TX 77253</b>						OGRID Number <b>000778</b>			
Contact Party <b>Mary Corley</b>						Phone <b>281-366-4491</b>			
Property Name <b>Mudge B</b>						Well Number <b>10A</b>		API Number <b>30-045-22733</b>	
UL <b>J</b>	Section <b>09</b>	Township <b>31N</b>	Range <b>11W</b>	Feet From The <b>1500</b>	North/South Line <b>South</b>	Feet From The <b>1820</b>	East/West Line <b>East</b>	County <b>San Juan</b>	

**II. Workover**

Date Workover Commenced: <b>02/20/2002</b>	Previous Producing Pool(s) (Prior to Workover): <b>Blanco Mesaverde</b>
Date Workover Completed: <b>03/20/2002</b>	

**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:

- I am the Operator, or authorized representative of the Operator, of the above-referenced Well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- 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 February 7, 2003

SUBSCRIBED AND SWORN TO before me this 07 day of February, 2003.

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

Notary Public Patricia Bogg Disiena

**FOR OIL CONSERVATION DIVISION USE ONLY:**

**VI. CERTIFICATION OF APPROVAL:**

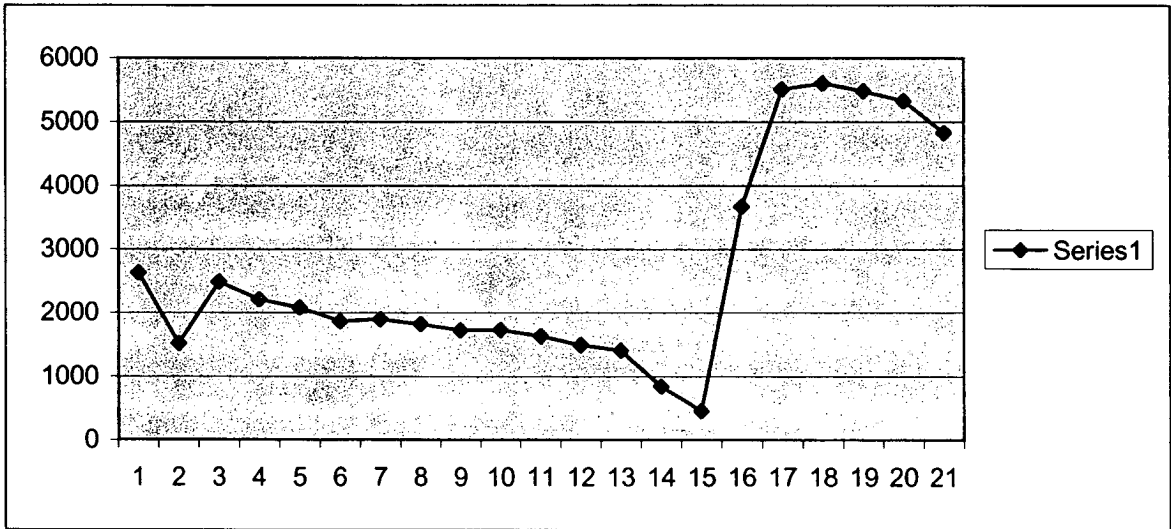
This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on 03-20-2002.

Signature/District Supervisor <u>Charles R. Hen</u>	OCD District <u>ARTECT II</u>	Date <u>02-11-2003</u>
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**VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:**

Mudge B 10A  
30-045-22733

Blanco Mesaverde		
Month	Volumes	
January-01		2630
February-01		1517
March-01		2489
April-01		2211
May-01		2079
June-01		1870
July-01		1899
August-01		1820
September-01		1725
October-01		1730
November-01		1631
December-01		1490
January-02		1406
February-02		841
March-02		456
April-02		3667
May-02		5508
June-02		5603
July-02		5479
August-02		5324
September-02		4825



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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.*

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

<b>SUBMIT IN TRIPLICATE - Other instructions on reverse side.</b>		5. Lease Serial No. SF - 078096
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator BP AMERICA PRODUCTION COMPANY		7. If Unit or CA/Agreement, Name and/or No.
Contact: MARY CORLEY E-Mail: corleyml@bp.com		8. Well Name and No. MUDGE B 10A
3a. Address P.O. BOX 3092 HOUSTON, TX 77253	3b. Phone No. (include area code) Ph: 281.366.4491 Fx: 281.366.0700	9. API Well No. 30-045-22733
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T31N R11W NWSE 1500FSL 1820FEL		10. Field and Pool, or Exploratory BLANCO 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 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 recompletion 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.)

2/20/2002 MIRUSU. ND WH & NU BOP's. Test to 500 psi. Test OK. TOH w/TBG. TIH w/CMT ret. & set @ 4200'. Test to 500 psi. Test OK. Mixed & pumped 60 SXS of right angle CMT lead and tailed w/220 SXS CLS G CMT. CMT SQZ'd off Cliffhouse pergs 4306' - 4547' w/1750 psi. Reversed out 9 BBLS CMT to pit. TOH. TIH & tag CMT @ 4188'. DO CMT to 4567'. Circ hole clean. RU & attempt to Press TEss SQZ. Test failed. TIH w/PKR & set @ 4552'. Press test to 1000#. Test OK. TOH. TIH w/CMT Ret & set @ 4330'. Mix & pump 26 BBLS CMT SQZ. TOH. TIH & tag CMT @ 4215'. DO CMT to 4597'. Circ hole clean. Press test to 500 psi. Held ok. TIH & C/O to 5288'. TOH. TIH & tag fill @ 5288'. C/O to 5363'. PU above pers. TIH w/prod TBG & land @ 5249'. ND BOP. NU WH. RDMOSU. Service Unit released @ 12.00 hrs 03/20/2002 Well returned to production status.

070 FARMINGTON, NM  
 2002 MAY -8 AM 10:24  
 RECEIVED

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #11158 verified by the BLM Well Information System For BP AMERICA PRODUCTION COMPANY, sent to the Farmington	
Name (Printed/Typed) MARY CORLEY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 05/01/2002

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

**ACCEPTED FOR RECORD**

Approved By _____	Title _____	Date MAY 08 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 <i>gh</i>

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 \*\***

**OPERATOR**