

District I - (505) 393-6161
1625 N. French Dr
Hobbs, NM 88240
District II - (505) 748-1283
1901 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
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505
(505) 476-3440

Form C-139
Revised 06/99

**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 Annie Elliott G						Well Number	API Number 30-045-26623	
UL F	Section 12	Township 29N	Range 09W	Feet From The 1710	North/South Line North	Feet From The 1510	East/West Line West	County San Juan


II. Pool and Production Restoration:

Previous Producing Pool(s) (If change in Pools): Basin Dakota	
Date Production Restoration started: 04/01/2002	Date Well Returned to Production: 04/01/2002
Describe the process used to return the well to production (Attach additional information if necessary): Run slick line tag, Cleanout fill, & test	

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: <input type="checkbox"/> Well file record showing that well was plugged <input checked="" type="checkbox"/> ONGARD production data <input type="checkbox"/> OCD Form C-115 (Operator's Monthly Report)		Month/Year (Beginning of 24 month period): 01/01/2000
		Month/Year (End of 24 month period): 03/01/2002

IV. Affidavit:

State of <u>Texas</u>) County of <u>Harris</u>) ss. <u>Mary Corley</u> , 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 <u>Mary Corley</u>	Title <u>Senior Regulatory Analyst</u>	Date
SUBSCRIBED AND SWORN TO before me this <u>28</u> day of <u>October</u> , <u>2002</u> .		
My Commission expires:  <u>Patricia Bogg Diseno</u> Notary Public <u>Patricia Bogg Diseno</u>		

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:

04-01-2002

Signature District Supervisor <u>Charles L. Green</u>	OCD District <u>AZTEC III</u>	Date <u>02-11-2003</u>
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VI. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:

Prod

Well: ANNIE L ELLIOTT G No.: 1 API: 30-04-26623
 Operator: BP AMERICA PRODUCTION COMPANY
 Township: 29.0N Range: 09W
 Section: 12 Unit: F
 Land Type: F County: San Juan

Year: 2000

Pool Name: BASIN DAKOTA (PRORATED GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced
January	0	0	0	0
February	0	0	0	0
March	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
December	0	0	0	0
Total	0	0	0	0

Year: 2001

Pool Name: BASIN DAKOTA (PRORATED GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced
January	0	0	0	0
February	0	0	0	0
March	0	0	0	0
April	0	0	0	0
May	0	0	0	0
June	0	0	0	0
July	0	0	0	0
August	0	0	0	0
September	0	0	0	0
October	0	0	0	0
November	0	0	0	0
December	0	0	0	0
Total	0	0	0	0

Year: 2002

Pool Name: BASIN DAKOTA (PRORATED GAS)

Month	Oil(BBLS)	Gas(MCF)	Water(BBLS)	Days Produced
January	0	1199	0	0
February	0	929	0	0
March	0	849	0	0
April	0	1237	0	30
May	0	1231	0	31
June	39	811	0	30
Total	39	3279	0	91

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. NMSF078132
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		8. Well Name and No. ANNIE ELLIOTT G 1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 12 T29N R9W SENW 1710FNL 1510FWL 36.74179 N Lat, 107.73369 W Lon		9. API Well No. 30-045-26623-00-S1
		10. Field and Pool, or Exploratory BASIN DAKOTA
		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 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 status in January 2002. Corrected Production reports are being prepared and will be submitted for your records.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #11485 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 (02LXB0919SE)	
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 _____		

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.

**** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ** REVISED ****

OPERATOR