

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB No. 1004-0135  
Expires November 30, 2000

DIST. 3

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. <b>SF - 078051</b>
2. Name of Operator <b>BP AMERICA PRODUCTION COMPANY</b>		6. If Indian, Allottee or tribe Name
3a. Address <b>PO BOX 3092 HOUSTON, TX 77253</b>	3b. Phone No. (include area code) <b>281-366-4081</b>	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>790° FNL &amp; 790° FEL: SEC 33 T32N R11W NENE</b>		8. Well Name and No. <b>Mudge LS 24</b>
		9. API Well No. <b>30-045-11187</b>
		10. Field and Pool, or Exploratory Area <b>BASIN DAKOTA</b>
		11. County or Parish, State <b>SAN JUAN, NM</b>

## 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"/> 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 Add Perfs Same Sand
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Water Disposal	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back		

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.

10/24/06 CASING 350 PSI, TUBING 0 PSI, BRADENHEAD 0 PSI, N DN W HEAD, N UP BOP, RIG UP FLOOR, TONGS, SLIPS & ELEVATORS, RU HIGH TEC TSTERS & TST BOP, (250 PSI LOW, 1500 PSI HIGH), HELD 10 MIN ON EACH, HELD GOOD.

10/26/06 RU & RUN CBL/GR 7300' - 4400'; TOC @ 4770'.

10/30/06 SET PKR; PRS TST CSG TO 5000 psi; HELD 5 MIN. GOOD TST.

11/1/06 TIH: SET CIBP @ 7493'; PERF DK 7382' - 7480' w/2 JSPF @ 120 PHASING.

11/2/06 CASING 0 PSI, TUBING 0 PSI, BRADENHEAD 0 PSI, SET PACKER w/ 25'000 LBS SETTING ON PACKER, LOAD BACKSIDE & PRESS UP TO 500 PSI, LOAD & TST TBG TO 8000 PSI, HELD 15 MIN. GOOD TEST.

11/4/06 RIG REPAIR

11/16/06 SPOT IN & RIG UP FRAC EQUIPMENT; FRAC DAKOTA ZONE w/172,962 LBs PROP. 60% Q FOAM; AVERAGE RATE 33 BPM, AVEARGE PRESSURE WAS 7280 PSI, ISIP WAS 3400 PSI, SHUT WELL IN, RIG DOWN FRAC EQUIPMENT.

11/17/06 PRESSURE TEST FLOW LINES, TUBING 1600 PSI, OPEN ON 1/4" CHOKE TO FLAIR PIT, FLOW 8 HRS & CHANGE TO 1/2" CHOKE IF FLUID & SND RETURNS

11/27/06 RECOVERING FRAC FLUID.

11/29/06 TIH/&TG/FILL, RU/AIR/AND/UNLOAD/HOLE, CLN/OUT/TO/PBTD, CIRC TO CLN/UP, SHUT/DOWN/AIR, TOOH, TIH/W/BHA

11/30/06 TIH; LAND TBG @ 7410'.

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

Cherry Hlava

Title Regulatory Analyst

Signature

Date 12/06/2006

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	DEC 15 2006

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.

NMOCD