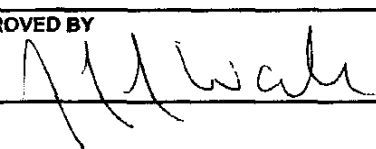


**APPLICATION FOR PERMIT TO MODIFY (APM)**  
(Replaces Sundry Notices and Reports on Well)

|  |  |                                      |   |  |   |                                   |   |
|--|--|--------------------------------------|---|--|---|-----------------------------------|---|
| 1. TYPE OF SUBMITTAL<br><input checked="" type="checkbox"/> REQUEST APPROVAL <input type="checkbox"/> SUBSEQUENT REPORT <input type="checkbox"/> CORRECTION  |  | 2. MMS OPERATOR NO.<br>00113         |   | 3. OPERATOR NAME and ADDRESS (Submitting Office)<br>BP Exploration Alaska, Inc.<br>PO Box 196612<br>Anchorage, AK 99519-6612 |   |                                   |   |
| 4. WELL NAME<br>NS12   |  | 5. SIDETRACK NO.<br>N/A              |   | 6. BYPASS NO.<br>N/A   |   |                                   |   |
| 7. API WELL NO. (12 digits)<br>50-029-23091-00   |  | 8. START DATE (Proposed)<br>01/03/02 |   | 9. PRODUCING INTERVAL CODE<br>N/A  | 10. WELL STATUS<br>DSI                      | 11. WATER DEPTH (Surveyed)<br>40' | 12. ELEVATION AT KB (Surveyed)<br>RKB = 56' |
| 13. LEASE NO.<br>OCS-Y-1081  |  |                                      |   | 16. LEASE NO.<br>ADL 312799  |   |                                   |   |
| 14. AREA NAME<br>Beechey Point   |  |                                      |   | 17. AREA NAME<br>Beechey Point   |   |                                   |   |
| 15. BLOCK NO.<br>516   |  |                                      |   | 18. BLOCK NO.<br>515   |   |                                   |   |
| 19. PROPOSED OR COMPLETED WORK (Describe in Section 22)  |  |                                      |   |  |   |                                   |   |
| <input checked="" type="checkbox"/> INITIAL COMPLETION <input type="checkbox"/> PERMANENT PLUGGING <input type="checkbox"/> ACIDIZE WITH COIL TUBING<br><input type="checkbox"/> MULTI-COMPLETION <input type="checkbox"/> TEMPORARY ABANDONMENT <input type="checkbox"/> ARTIFICIAL LIFT (INITIAL)<br><input type="checkbox"/> RECOMPLETION <input type="checkbox"/> PLUG BACK TO SIDETRACK / BYPASS <input type="checkbox"/> WORKOVER<br><input type="checkbox"/> MODIFY PERFORATIONS <input type="checkbox"/> CHANGE IN APPROVED PROCEDURE<br><input type="checkbox"/> CHANGE ZONE <input checked="" type="checkbox"/> OTHER Reenter Suspend Operations <input type="checkbox"/> FINAL LOCATION PLAT ATTACHED |  |                                      |   |  |   |                                   |   |
| 20. RIG NAME OR PRIMARY UNIT (e.g., Wireline Unit, Coil Tubing unit, etc)<br>Nabors 33E  |  |                                      |   |  |   | 21. RIG TYPE<br>Rotary            |   |
| 22. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Attach Prognosis or Summary of Completed Work, As Appropriate)<br><br>PLEASE SEE ATTACHMENTS.   |  |                                      |   |  |   |                                   |   |
| 23. CONTACT NAME<br>Barbara Holt, Drilling Engineer  |  |                                      | 24. CONTACT TELEPHONE NO.<br>(907) 564-5791 |  | 25. CONTACT E-MAIL ADDRESS<br>HoltBM@BP.com |                                   |   |
| 26. AUTHORIZING OFFICIAL (Type or Print Name)<br>Floyd Hernandez   |  |                                      | 27. TITLE<br>Senior Drilling Engineer       |  |   |                                   |   |
| 28. AUTHORIZING SIGNATURE  |  |                                      | 29. DATE                                    |  |   |                                   |   |

| THIS SPACE FOR MMS USE ONLY  |                   |                  |
|--|-------------------|------------------|
| APPROVED BY<br> | TITLE<br>12/23/02 | DATE<br>12/23/02 |

**PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT:** The PRA (44 U.S.C. 3501 et seq. Requires us to inform you that we collect this information to obtain knowledge of equipment and procedures to be used in drilling operations. MMS uses the information to evaluate and approve or disapprove the adequacy of the equipment and/or procedures to safely perform the proposed drilling operation. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.196. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 2% hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Mail Stop 4230, Minerals Management Service, 1849 C Street, N.W., Washington, DC 20240.