|      |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                       |                              |                                                   | The second s |                                                |                                          |  |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------|--|
|      | Form 3160-5 UNITED STATES<br>(August 2007) DEPARTMENT OF THE INTE<br>BUREAU OF LAND MANAGE                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                       |                              | MAR 20                                            |                                                                                                                | FORM AP<br>OMB No.<br>Expires: Ju              | 1004-0137                                |  |
|      |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                       | Fa                           | manyton Fic                                       | el Unice Serial No.                                                                                            | SF.                                            | 079521                                   |  |
|      |                                                                                                                                                                                                                                                                              | SUNDRY NOTICES AND REPORTS ON WELLS I Land Mai                                                                                                                                                                                                                                        |                              |                                                   |                                                                                                                | 6. If Indian, Allottee or Tribe Name           |                                          |  |
|      |                                                                                                                                                                                                                                                                              | 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 page 2. 7. If Unit of CA/Agreement, Name and/or No.                                                                                                                                                                             |                                                                                                                                                                                                                                                                                       |                              |                                                   |                                                                                                                |                                                |                                          |  |
|      | I. Type of Well                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                       |                              |                                                   |                                                                                                                | SAN JUAN 28-5 UNIT                             |                                          |  |
|      | Oil Well X Gas Well Other                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                       |                              |                                                   | S/                                                                                                             | 8. Well Name and No.<br>SAN JUAN 28-5 UNIT 56N |                                          |  |
|      | 2. Name of Operator<br>Burlington Resources Oil & Gas Company LP                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                       |                              |                                                   | 9. API Well No.                                                                                                | 9. API Well No.<br>30-039-31088                |                                          |  |
|      | 3a, Address                                                                                                                                                                                                                                                                  | 3b. Phone No. (in                                                                                                                                                                                                                                                                     | clude area code)             | area code) 10. Field and Pool or Exploratory Area |                                                                                                                |                                                |                                          |  |
|      | PO Box 4289, Farmington, NM 87499<br>4. Location of Well (Footage, Sec., T.R.M., or Survey Description)                                                                                                                                                                      |                                                                                                                                                                                                                                                                                       |                              | 326-9700                                          | BLANCO MV / BASIN DK / BASIN MC                                                                                |                                                |                                          |  |
| 1    | Surface Unit I (N                                                                                                                                                                                                                                                            | E/SE) 1883 'FSL & 38' FEL<br>//SW), 2200 'FSL & 215' FW                                                                                                                                                                                                                               |                              |                                                   | Rio Arr                                                                                                        |                                                | New Mexico                               |  |
| ist. | 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                       |                              |                                                   |                                                                                                                |                                                |                                          |  |
| 7    | TYPE OF SUBMISSION                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                       |                              | TYPE OF ACTION                                    |                                                                                                                |                                                |                                          |  |
|      | X Notice of Intent                                                                                                                                                                                                                                                           | Acidize                                                                                                                                                                                                                                                                               | Deepen                       |                                                   | Production (Start/Resu                                                                                         | me)                                            | Water Shut-Off                           |  |
|      | Subsequent Report                                                                                                                                                                                                                                                            | Alter Casing<br>Casing Repair                                                                                                                                                                                                                                                         | Fracture Treat               |                                                   | Reclamation                                                                                                    |                                                | Well Integrity                           |  |
|      | ISubsequent Report                                                                                                                                                                                                                                                           | Change Plans                                                                                                                                                                                                                                                                          | New Construe<br>Plug and Aba | L                                                 | Recomplete<br>Temporarily Abandon                                                                              | L                                              | X Other <u>APD Ext.</u>                  |  |
|      | Final Abandonment Notice                                                                                                                                                                                                                                                     | Convert to Injection                                                                                                                                                                                                                                                                  | Plug Back                    |                                                   | Water Disposal                                                                                                 |                                                |                                          |  |
|      | determined that the site is ready for final inspection.)<br>Burlington Resources wishes to extend the APD approval for additional 2 years from the expiration date of 11/9/13 for the<br>subject well. ConocoPhillips is anticipated to drill the subject well in 2014-2015. |                                                                                                                                                                                                                                                                                       |                              |                                                   |                                                                                                                |                                                |                                          |  |
|      |                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                       |                              |                                                   |                                                                                                                |                                                | id Mar 25 '14<br>L Cons. DIV.<br>Dist. 3 |  |
|      | This Approval Expires 11-9-2015<br>14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)<br>Arleen White Staff Regulatory Tech                                                                                                                    |                                                                                                                                                                                                                                                                                       |                              |                                                   |                                                                                                                |                                                |                                          |  |
|      | Aneen white                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                       | Title                        |                                                   | Staff Regu                                                                                                     | Staff Regulatory Tech                          |                                          |  |
|      | Signature arleen White                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                       |                              | Date 3/20/14                                      |                                                                                                                |                                                |                                          |  |
|      | THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                       |                              |                                                   |                                                                                                                |                                                |                                          |  |
|      | Approved by<br>Cimthica Marguen                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                       |                              | Title                                             | LLE                                                                                                            |                                                | Date 3-21-14                             |  |
|      | Conditions of approval, if any, are attach<br>that the applicant holds legal or equitabl<br>entitle the applicant to conduct operation                                                                                                                                       | Office                                                                                                                                                                                                                                                                                | FFO                          |                                                   |                                                                                                                |                                                |                                          |  |
|      |                                                                                                                                                                                                                                                                              | 2 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<br>c, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. |                              |                                                   |                                                                                                                |                                                |                                          |  |
|      | (Instruction on page 2) MWOCD N                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                       |                              |                                                   |                                                                                                                |                                                |                                          |  |