

New Mexico  
Energy Minerals and Natural Resources Department

Form C-140  
Revised 06/99

**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

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**

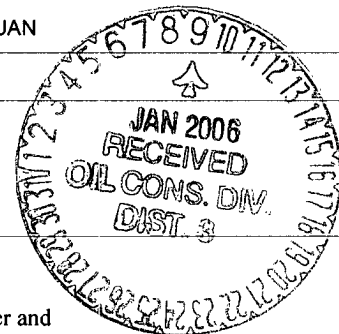
**APPLICATION FOR  
WELL WORKOVER PROJECT**

**I. Operator and Well**

Operator name address <b>Burlington Resources Oil and Gas Co. LP Box 4289, Farmington, NM 87499</b>					OGRID Number <b>014538</b>	
Contact Party <b>Maralene Spawn</b>					Phone <b>505/326-9700</b>	
Property Name <b>ALLISON UNIT</b>			Well Number <b>113S</b>		API Number <b>3004531212</b>	
UL <b>F</b>	Section <b>19</b>	Township <b>32 N</b>	Range <b>6 W</b>	Feet From The <b>1920 FNL</b>	Feet From The <b>1960 FWL</b>	County <b>SAN JUAN</b>

**II. Workover**

Date Workover Commenced <b>06/03/2005</b>	Previous Producing Pool(s) (Prior to Workover): <b>BASIN FRUITLAND COAL (GAS)</b>
Date Workover Completed: <b>06/24/2005</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 <u>New Mexico</u> )	
County of <u>San Juan</u> ) ss.	
<u>Maralene Spawn</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 made, or caused to be made, a diligent search of the production records reasonably available for this Well.	
3. 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 <u>Maralene Spawn</u>	Title <u>Sr. Accountant</u> Date <u>1/6/06</u>
SUBSCRIBED AND SWORN TO before me this _____ day of _____.	
My Commission expires: <u>9/15/2008</u>	
Notary Public <u>Patricia L. Clegh</u>	

**FOR OIL CONSERVATION DIVISION USE ONLY:**

**IV. 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 06.24.2005.

Signature District Supervisor <u>Charlie L. Herr</u>	OCD District <u>A77EC III</u>	Date <u>01-17-2006</u>
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**VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT:**

R

ALLISON UNIT

113S

3004531212

REG_DTL_D	BASIN FRUITLAND COAL (GAS)
06/01/2004	3095
07/01/2004	4440
08/01/2004	5108
09/01/2004	5209
10/01/2004	5175
11/01/2004	5016
12/01/2004	3876
01/01/2005	896
02/01/2005	77
03/01/2005	143
04/01/2005	318
05/01/2005	1340
06/01/2005	2640
07/01/2005	1351
08/01/2005	7488
09/01/2005	9553

Submit 3 Copies To Appropriate District Office  
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1301 W. Grand Ave., Artesia, NM 88210  
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District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
March 4, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.  
30-045-31212

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Allison Unit

8. Well Number  
#113S

9. OGRID Number  
14538

10. Pool name or Wildcat  
Basin Fruitland Coal - 71629

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
Burlington Resources Oil & Gas Company LP

3. Address of Operator  
P.O. Box 4289, Farmington, NM 87499-4289

4. Well Location

Unit Letter F : 1920 feet from the North line and 1960 feet from the West line

Section 19 Township 32N Range 6W NMPM Rio Arriba County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Recavitation ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/6/05 MIRU Aztec #376. POH w/pump and rods. NDWH and NUBOP. TOH w/2 7/8" tubing. TOH w/liner. Started surging well. Used natural and energized surges to C/O. Surged for approximately 15 days. 6/23/05 RIH w/5.5" 15.5# J-55 pre perf'd liner and set @3294' w/hanger 2884' (338' overlap). Perfs @ 2992'-3099'. RIH w/mill and milled out perf plugs. Circulate to C/O. RIH w/2 3/8", 4.7# J-55 tubing and C/O fill to TD'. PU and land tubing @ 3170' w/SN @ 3146', 54jts. RD NDBOP. NUWH. 6/24/05 RIH w/rods and pumps. Spaced out. PT to 500psi, ok. RD. Released rig 6/27/05.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Amanda Sandoval TITLE Regulatory Assistant II DATE 6/30/05

Type or print name Amanda Sandoval E-mail address: asandoval@br-inc.com Telephone No. 505-326-9891

(This space for State use)

APPROVED BY Chad H TITLE SUPERVISOR DISTRICT #3

Conditions of approval, if any:

JUL - 7 2005  
DATE