

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 proposal.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

|                                                                                                                                  |  |                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other |  | 5. Lease Serial No.<br>SF-079391                                 |  |
| 2. Name of Operator<br>BURLINGTON RESOURCES OIL & GAS                                                                            |  | 6. If Indian, Allottee or Tribe Name                             |  |
| 3a. Address<br>3401 EAST 30TH<br>FARMINGTON, NM 87402                                                                            |  | 7. If Unit or CA/Agreement, Name and/or No.<br>SAN JUAN 27-5 UNI |  |
| 3b. Phone No. (include area code)<br>Ph: 505.326.9727<br>Fx: 505.326.9563                                                        |  | Well Name and No.<br>SAN JUAN 27-5 UNIT 112F                     |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Sec 8 T27N R5W Mer SENW 2485FNL 2445FWL                |  | API Well No.<br>30-039-26614                                     |  |
|                                                                                                                                  |  | 10. Field and Pool, or Exploratory<br>BASIN DAKOTA               |  |
|                                                                                                                                  |  | 11. County or Parish, and State<br>RIO ARRIBA 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 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"/> SPUD |
|                                                       | <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 recompleate 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 recompletion 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.)

(6-16-01) MIRU. Spud well @ 5:45 pm 6-16-01. Drill to 222'. Circ hole clean. TOOH. TIH w/5 jts 9-5/8" 32.3# H-40 ST&C csg, set @ 215'. Cmt'd w/160 sx Class "B" neat w/3% calcium chloride, 0.25 pps flocele (192 cu ft). Circ 16 bbl cmt to surface. WOC.  
(6-17-01) NU BOP. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

APD ROW Related

|                                                                                                                                                                                                                 |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 14. I hereby certify that the foregoing is true and correct.                                                                                                                                                    |                         |
| Electronic Submission #5105 verified by the BLM Well Information System<br>For BURLINGTON RESOURCES OIL & GAS, sent to the Farmington<br>Committed to AFMSS for processing by Maurice Johnson on 06/20/2001 ( ) |                         |
| Name (Printed/Typed) PEGGY COLE                                                                                                                                                                                 | Title REPORT AUTHORIZER |
| Signature                                                                                                                                                                                                       | Date 06/19/2001         |

**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.

**ACCEPTED FOR RECORD**

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03 2001

BY JAMES W. OFFICE

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