## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Tribe Name  Name of Operator  OCT 2001  OIL & GAS COMPANY  RECEIVED  Address & Phone No. of Operator  PO Box 4289, Farmington, NM 87499 (505) 326 8700 DIST. 3  Location of Well, Footage, Sec., T, R, M  1710'FSL, 1040'FWL, Sec.6, T-29-N, R-10-W, NMPM  Tribe Name  Tribe Name  OCT 2001  Well Name & Number Grenier B #5  API Well No. 30-045-20055  Field and Pool Otero Chacra/	Sundry Notices and Reports on Wells		Tana Markan
Type of Well  GAS  Name of Operator  BUSSINGES  OIL & GAS COMPANY  OIL & GAS COMPANY  OIL OIL & GAS COMPANY  Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 32 3700 DET 3  Location of Well, Footage, Sec., T, R, M  170'FSL, 1040'FWL, Sec.6, T-29-N, R-10-W, NMPM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X. Notice of Intent Subsequent Report Plugging Back Plugging Back Non-Routine Fracturing Altering Casing Repair Altering Casing Repair Altering Casing Conversion to Injection  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled  4. I hereby certify that the foregoing is true and correct.  Signed  Address & Phone No. of Operator  OIL & GAS COMPANY RECEIVED  OIL & Number & Number & Sapra Park Wall wall wall wall wall wall wall wall		5.	
Name of Operator  OIL & GAS COMPANY  Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 32 8700 DST. 3  All Well Name & Number Greenier B #5  Location of Well, Footage, Sec., T, R, M 1710'FSL, 1040'FWL, Sec.6, T-29-N, R-10-W, NMPM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent Subsequent Report Plugging Back Casing Repair Altering Casing Repair Altering Casing Repair Tother Trimingle  Describe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  Title Regulatory Supervisor Date 8/22/01	<del></del>	6.	If Indian, All. or
Name of Operator  OIL & GAS COMPANY  RECEIVED  Address & Phone No. of Operator FO Box 4289, Farmington, NM 67499 (505) 322 3700 DBT.3  Location of Well, Footage, Sec., T, R, M 1710'FSL, 1040'FWL, Sec.6, T-29-N, R-10-W, NMPM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent Subsequent Report Plugging Back Casing Repair Altering Casing Final Abandonment Altering Casing Conversion to Injection  X Other - trimingle  Describe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  Igned  Title Regulatory Supervisor Date 8/22/01 This space for Federal or Supervisor Date 8/22/01 The Supervisor Date 8/22/01 This space for Federal or Supervisor Date 8/22/01	THE STATE OF THE S	192027	Unit Agreement Na
OIL & GAS COMPANY RECEIVED  Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 328 700 DIGT. 3  Location of Well, Footage, Sec., T. R. M 1710'FSL, 1040'FWL, Sec.6, T-29-N, R-10-W, NMPM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X Notice of Intent X Notice of Intent Casing Repair Casing Repair Altering Casing Conversion to Injection  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  A I hereby certify that the foregoing is true and correct.  Title Regulatory Supervisor Date 8/22/01 This space for Federal or Supervisor Bate 8/22/01	Name of Operator	A	Onic agreement na
Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 322 3700 DIST.3  Location of Well, Footage, Sec., T, R, M 1710'FSL, 1040'FWL, Sec.6, T-29-N, R-10-W, NMPM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission X Notice of Intent Subsequent Report Plugging Back Recompletion Final Abandonment Casing Repair Altering Casing Casing Repair Altering Casing Conversion to Injection  X Other - trimingle  Describe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  Title Regulatory Supervisor Date 8/22/01 This space for Federal or Supervisor Date 8/22/01 This space for Federal or Supervisor Bate 8/22/01		T 2001	
Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 322 3700 DIST.3  Location of Well, Footage, Sec., T, R, M 1710'FSL, 1040'FWL, Sec.6, T-29-N, R-10-W, NMPM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent Subsequent Report Submission Type of Action Abandonment Change of Plans New Construction New Construction New Construction Non-Routine Fracturing Water Shut off Casing Repair Altering Casing Conversion to Injection  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled  Title Regulatory Supervisor Date 8/22/01	DESCHIPCES		
Do Box 4289, Farmington, NM 87499 (505) 328 3700  Location of Well, Footage, Sec., T. R. M  1710'FSL, 1040'FWL, Sec.6, T-29-N, R-10-W, NMPM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  X Notice of Intent  Subsequent Report  Casing Repair  Final Abandonment  Casing Repair  Altering Casing  Conversion to Injection  X Other - trimingle  Conversion to Injection  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  Title Regulatory Supervisor Date 8/22/01  Title Regulatory Supervisor Date 8/22/01  This space for Federal or Submission  Title Regulatory Supervisor Date 8/22/01	OILO	ON. DIV	
Location of Well, Footage, Sec., T. R. M  1710'FSL, 1040'FWL, Sec.6, T-29-N, R-10-W, NMPM  10. Cherch Chacra/ Blanco MV/Basin D  11. Check Appropriate Box to indicate Nature of Notice, Report, other Data  Type of Submission  X Notice of Intent  Subsequent Report  Plugging Back Casing Repair Altering Casing Altering Casing Conversion to Injection  Describe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  Title Regulatory Supervisor Date 8/22/01	PO Box 4289, Farmington, NM 87499 (505) 326 8700 D	IST. 3	API Well No.
Oter Chacra/ Blanco MV/Basin D 11. County and State San Juan Co, NM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent Abandonment Change of Plans New Construction Non-Routine Fracturing Water Shut off Conversion to Injection X Other - trimingle  Describe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  igned  It is recompleted Operations  Title Regulatory Supervisor Date 8/22/01 TILW  This space for Federal or State of the use)  Title Regulatory Supervisor Date 8/22/01 TILW  This space for Federal or State of the use)			
Blanco M/Basin D  11. County and State San Juan Co, NM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent  Abandonment Change of Plans  New Construction  New Construction  Non-Routine Fracturing  Casing Repair Water Shut off  Casing Repair Conversion to Injection  Conversion to Injection  Tother trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  Title Regulatory Supervisor Date 8/22/01  TIM  This space for Federal or Supervisor Date 8 TIM  This space fo	Location of Well, Footage, Sec., T, R, M	\$ 2 John 10.	Otero Chacra/
CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent	1710 152, 1010 112, 20000, 1 20 31, 31 21		Blanco MV/Basin D
Type of Submission  X Notice of Intent  X Recompletion  Subsequent Report  Final Abandonment  X Casing Repair  Altering Casing  Conversion to Injection  X Other - trimingle  Conversion to Injection  Tother - trimingle  Conversion to Injection  Tother - trimingle  Bescribe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.		11.	
Type of Submission  X Notice of Intent  X Recompletion  Subsequent Report  Final Abandonment  X Casing Repair  Altering Casing  X Other - trimingle  Conversion to Injection  Conversion to Injection  Tother - trimingle  Conversion to Injection  Conversion to Injection  Conversion to Injection  Tother - trimingle  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.			
Abandonment Change of Plans  Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Altering Casing X Other - trimingle  Describe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  Title Regulatory Supervisor Date 8/22/01		REPORT, OTHER	DATA
Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut off Conversion to Injection Non-Routine Practuring Water Shut off Conversion to Injection Injection Injection Non-Routine Practuring Water Shut off Conversion to Injection	1/pc 01 20000000000000000000000000000000000	_ Change of Pla	
Casing Repair Water Shut off Altering Casing Conversion to Injection  X Other - trimingle  Describe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  I igned Alfan Casing Repair Water Shut off Conversion to Injection  Title Regulatory Supervisor Date 8/22/01  TIM  This space for Federal or State Office use)	X_ Recompletion		
Altering Casing Conversion to Injection Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  igned Title Regulatory Supervisor Date 8/22/01 TIW  This space for Federal or Supervisor University Title Regulatory Supervisor Date 8/22/01 TIW		Water Shut of	E£
It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  igned     I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.    I hereby certify that the foregoing is true and correct.		Conversion to	n Injection
It is intended to recomplete the subject well to the Mesaverde and Chacra formations according to the attached procedure. The Mesaverde, Chacra, and Dakota formations will be trimingled.  4. I hereby certify that the foregoing is true and correct.  Gigned Title Regulatory Supervisor Date 8/22/01 TIW  This space for Federal or State Affice use)			5 injection
4. I hereby certify that the foregoing is true and correct.  Signed 1664 CC Title Regulatory Supervisor Date 8/22/01 TLW  This space for Federal or State Affice use)	X_ Other - trimingle  3. Describe Proposed or Completed Operations		
4. I hereby certify that the foregoing is true and correct.  ligned 1664 Correct Title Regulatory Supervisor Date 8/22/01  This space for Federal or State Affice use)	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra
4. I hereby certify that the foregoing is true and correct.  ligned 1664 Correct Title Regulatory Supervisor Date 8/22/01  This space for Federal or State Affice use)	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra
4. I hereby certify that the foregoing is true and correct.  ligned 1664 Correct Title Regulatory Supervisor Date 8/22/01  This space for Federal or State Affice use)	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra
4. I hereby certify that the foregoing is true and correct.  igned 1664 CC Title Regulatory Supervisor Date 8/22/01	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra e, Chacra,
4. I hereby certify that the foregoing is true and correct.  igned 1664 CC Title Regulatory Supervisor Date 8/22/01	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra e, Chacra,
4. I hereby certify that the foregoing is true and correct.  igned 1664 CC Title Regulatory Supervisor Date 8/22/01	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra e, Chacra,
4. I hereby certify that the foregoing is true and correct.  igned 1664 CC Title Regulatory Supervisor Date 8/22/01	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra e, Chacra,
igned 1664 Title Regulatory Supervisor Date 8/22/01	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra e, Chacra,
Title Regulatory Supervisor Date 8/22/01	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra e, Chacra,
igned 1994 Col Title Regulatory Supervisor Date 8/22/01	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra e, Chacra,
igned 1994 Col Title Regulatory Supervisor Date 8/22/01	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra e, Chacra,
Title Regulatory Supervisor Date 8/22/01	X_ Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure	the Mesaverde	and Chacra e, Chacra,
This space for Federal or State of fice use)	Z. Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure and Dakota formations will be trimingled.	the Mesaverde and the Mesaverde and the Mesaverd	and Chacra e, Chacra,
This brace for a second with the second seco	Z. Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure and Dakota formations will be trimingled.	the Mesaverde and the Mesaverde and the Mesaverd	and Chacra e, Chacra,
	X Other - trimingle  3. Describe Proposed or Completed Operations  It is intended to recomplete the subject well to formations according to the attached procedure and Dakota formations will be trimingled.	the Mesaverde . The Mesaverd	and Chacra e, Chacra,

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

## State of New Mexico Energy, Minerals & Natural Resources Department

Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

Certificate Number

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

☐ AMENDED REPORT

Form C-102

Property Name   Well No	_
Section   Township   Range   Lot Idn   Feet from the   North/South line   Feet from the   Least/West line   Courses   Course	
10 OCRID No. 14538  Burlington Resources 011 & Gas Company  10 Surface Location  I. of lot no. Section Township Range Lot Idn Feet from the Location In 1040  11 Bottom Hole Location If Different From Surface  UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the Location If Different From Surface  UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line Countries In 1040  Dedicated Acres 10 Joint or Infull Coancidation Code Code Contries In 1040  Dedicated Acres 11 Double Coancidation Code Code Code Code Code Code Code Code	mber
Burlington Resources 0il & Gas Company    Surface Location   Surface Location	ion
It or lot no.   Section   Township   Range   Lot Idn   Feet from the   1710   South   1040   West   Sai	}
Lor lot no. Section  1 Bottom Hole Location If Different From Surface  1 Dedicated Acres	
11 Bottom Hole Location If Different From Surface    Tor lot no.   Section   Township   Range   Lot Idn   Feet from the   North/South line   Feet from the   East/West line   Council	•
Dedicated Acres 1" Joint or Infill 1" Consolidation Code 1" Order No.  101: SW/132 14    102: SW/132 14    103: SW/132 14    104: SW/132 14    105: SW/132 14    105: SW/132 14    106: SW/132 14    107: SW/132 14    108: SW/132 14    109: SW/132 1    109: SW/132 14    109: SW/132 14	n Juan
Dedicated Acres "Joint or Infill "Consolidation Code "Order No.  12 Sty / 132 14  V: S / 281.04 DK: S / 312.60  NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOL  OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION  17 OPERATOR CERTIFICATION OF THE INTEREST OF	
na: SW/13211.60  NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOL  OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION  17 OPERATOR CERTIFIC 1 hereby certify that the information contains true and complete to the best of my knowled  OCT 2001  RECEIVED OIL CON. DIV DIST.  1 hereby certify that the well location shows plotted from field notes of actual sur or under my supervision, and that the san correct to the best of my belief.  Date of Survey	nty
a: SW/132_14 (:S/281.04 DK: S/312.60  NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOL  OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION  OTIGINAL PROPERTY OF THE PROPERTY OF TH	
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLOR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION  17 OPERATOR CERTIFICATION OF THE PROPERTY OF TH	
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION  17 OPERATOR CERTIFICATION OF THE INTERPOLATION OF THE IN	.IDATEI
Original plat from Ernest Echohawk, 4/12/1967.  OCT 2001  RECEIVED OIL CON. DIV DIST. 3  1 hereby certify that the well location shows plotted from field notes of actual sur or under my supervision, and that the sai correct to the best of my belief.	
Original plat from Ernest Echohawk, 4/12/1967.  OCT 2001  RECEIVED OIL CON. DIV DIST. 3  1 hereby certify that the information contains true and complete to the best of my knowled signature.  Peggy Cole Printed Name Regulatory Supervisor Title  1 hereby certify that the well location shows plotted from field notes of actual sur or under my supervision, and that the sai correct to the best of my belief.  Date of Survey	CATIO
oct 2001 RECEIVED OIL CON. DIV DIST. 3  18 SURVEYOR CERTIFI I hereby certify that the well location showas plotted from field notes of actual sur or under my supervision, and that the sai correct to the best of my belief.	
OCT 2001 RECEIVED OIL CON. DIV DIST. 3  18 SURVEYOR CERTIF I hereby certify that the well location show was plouted from field notes of actual sur or under my supervision, and that the saic correct to the best of my belief.  Date of Survey	
OCT 2001  RECEIVED OIL CON. DIV DIST. 3  Peggy Cole Printed Name Regulatory Superviso Title  18 SURVEYOR CERTIF  I hereby certify that the well location show was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	
OCT 2001  RECEIVED OIL CON. DIV DIST. 3  Peggy Cole Printed Name Regulatory Superviso Title  18 SURVEYOR CERTIF  I hereby certify that the well location show was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	
OCT 2001  RECEIVED OIL CON. DIV DIST. 3  Peggy Cole Printed Name Regulatory Superviso Title  18 SURVEYOR CERTIF  I hereby certify that the well location show was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	
OCT 2001  RECEIVED OILCON DIV DIST. 3  Peggy Cole Printed Name Regulatory Superviso Title  18 SURVEYOR CERTIF  I hereby certify that the well location show was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	
OCT 2001  RECEIVED OIL CON DIV DIST. 3  Peggy Cole Printed Name Regulatory Superviso Title  18 SURVEYOR CERTIF  I hereby certify that the well location show was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	
OCT 2001  RECEIVED OIL CON DIV DIST. 3  Peggy Cole Printed Name Regulatory Superviso Title  18 SURVEYOR CERTIF  I hereby certify that the well location show was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	
RECEIVED OIL CON. DIV DIST. 3  Printed Name Regulatory Superviso Title  18 SURVEYOR CERTIF I hereby certify that the well location show was plotted from field notes of actual sur or under my supervision, and that the said correct to the best of my belief.  Date of Survey	
Date  18 SURVEYOR CERTIF  I hereby certify that the well location sho was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	
Date  18 SURVEYOR CERTIF  I hereby certify that the well location sho was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	
Date  18 SURVEYOR CERTIF  I hereby certify that the well location sho was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	<u>r</u>
Date  18 SURVEYOR CERTIF  1 hereby certify that the well location sho was plotted from field notes of actual sur or under my supervision, and that the sai correct to the best of my belief.  Date of Survey	
18 SURVEYOR CERTIF  I hereby certify that the well location sho was plotted from field notes of actual sur or under my supervision, and that the sai correct to the best of my belief.  Date of Survey	
I hereby certify that the well location sho was plotted from field notes of actual sur or under my supervision, and that the sai correct to the best of my belief.  Date of Survey	
was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	CATIO
was plotted from field notes of actual sur or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	
or under my supervision, and that the sail correct to the best of my belief.  Date of Survey	
Date of Survey	
Date of Survey	
Signature and Seal of Professional Surve	
	yer:
	eyer:
	eyer:
	eyer:

## **Sundry Notice Submittal**

Well: Grenier B 5

Unit L, Sec. 06, T29N, R10W

It is intended to recomplete the Mesaverde and Chacra formations in the existing Dakota wellbore. A rig will MIRU, ND wellhead, NU BOP, and pull production tubing. A CIBP will be set 200' below estimated bottom perforation in Mesaverde formation.

If adequately isolated by cement, the Mesaverde and Chacra formations will be perforated and fracture stimulated in the following intervals: 3805'-4726' and 2838'-3588', respectively. If cement remediation operations are necessary, Burlington Resources will contact the appropriate regulatory agency for approval prior to work initiation.

After stimulation flowback and clean out, tubing will be landed at approximately 100' above PBTD. The well will then produce commingled production from the Mesaverde, Chacra, and Dakota formations. Application for commingling will be submitted.

Approved: Bruce W. Boyes	8-17-01
Drilling Superintendent	Date
Approved: Regulatory Regulatory	<u> </u>
Sundry needed Yes No No	