

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

990' FNL, 800' FEL, Sec. 18, T-29-N, R-10-W, NMPM

5. Lease Number
SF-078716-A

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Hubbell 8

9. API Well No.
30-045-20842

10. Field and Pool
Aztec PC/Basin FC

11. County and State
San Juan Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment

Type of Action

☐ Abandonment

☒ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other - Commingle

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut off

☐ Conversion to Injection

13. Describe Proposed or Completed Operations

It is intended to recomplete the Fruitland Coal in this existing Pictured Cliffs well as follows:

Wireline set a RBP at 1940'. Perforate 1882' - 1932'. Stimulate perforations with Linear Gel and N2 foam in 1 stage. Flow back and clean up after stimulation. MIRU. TIH with tbg, retrieve RBP and clean out well to PC zone. Land tubing at ~1995'. Turn well over to production as a commingle. Allocation to be calculated from new production volume minus established prior production.

14. I hereby certify that the foregoing is true and correct.

Signed [Signature] Title Regulatory Supervisor Date 02/12/02
FSB

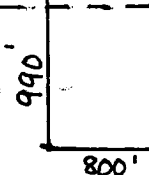

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APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes 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.

NMOCD

STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION			
16			<p>17 OPERATOR CERTIFICATION</p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i></p> <p style="text-align: right;">  _____ Signature </p> <p> Peggy Cole Printed Name Regulatory Supervisor </p> <p> Title <div style="text-align: center; font-size: 1.2em;">2-15-02</div> Date </p>
	Original Plat From David O Vilven 12-2-71		<p>18 SURVEYOR CERTIFICATION</p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p> Date of Survey Signature and Seal of Professional Surveyor: Certificate Number </p>