

**District I** - (505) 393-6161

P. O. Box 1980  
Hobbs, NM 88241-1980

**District II** - (505) 748-1283

811 S. First  
Artesia, NM 88210

**District III** - (505) 334-6178

1000 Rio Brazos Road  
Aztec, NM 87410

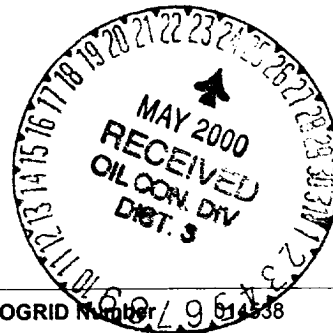
**District IV** - (505) 827-7131

New Mexico  
Energy Minerals and Natural Resources Department  
Oil Conservation Division  
2040 South Pacheco Street  
Santa Fe, New Mexico 87505  
(505) 827-7131

Form C-140  
Revised 06/99

Submit Original  
Plus 2 Copies  
to appropriate  
District Office

**APPLICATION FOR  
WELL WORKOVER PROJECT**



**I. Operator and Well**

<b>Operator name and address</b> Burlington Resources Oil and Gas P.O. Box 4289 Farmington, NM 87499					<b>OGRID Number</b> 614538			
<b>Contact Party</b> Peggy Cole					<b>Phone</b> (505) 326-9700			
<b>Property Name</b> HALE				<b>Well Number</b> 352	<b>API Number</b> 300452765000			
<b>UL</b> A	<b>Section</b> 27	<b>Township</b> 031N	<b>Range</b> 008W	<b>Feet From The</b> 945	<b>North/South Line</b> FNL	<b>Feet From The</b> 825	<b>East/West Line</b> FEL	<b>County</b> SAN JUAN

**II. Workover**

<b>Date Workover Commenced</b> 10/14/99	<b>Previous Producing Pool(s) (Prior to Workover)</b>  BASIN FRUITLAND COAL
<b>Date Workover Completed</b> 10/15/99	

**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 New Mexico )  
 ) ss.  
County of San Juan )

Peggy Cole, being first duly sworn, upon oath states:

- I am the operator, or authorized representative of the Operator, of the above-reference Well.
- I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
- 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 [Signature] Title Reg. Administrator Date 5-18-00

SUBSCRIBED AND SWORN TO before me this 19 day of May, 2000

My Commission expires: 6/11/03

[Signature]  
Notary Public

**OR OIL CONSERVATION DIVISION USE ONLY:**

**VI. CERTIFICATION OF APPROVAL:**

This Application is hereby approved and the above-reference well is designated a Well Workover Project and the Division hereby verifies the data shows 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 on 10/15/99

<b>Signature District Supervisor</b> <u>[Signature]</u>	<b>OCD District</b> <u>3</u>	<b>Date</b> <u>5/5/00</u>
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**VII. OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT** \_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

99 OCT 20 PM 1:58

Sundry Notices and Reports on Wells

070 FARMINGTON, NM

of Well  
3AS

of Operator

**URLINGTON  
ESOURCES**

OIL & GAS COMPANY

ress & Phone No. of Operator

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

ation of Well, Footage, Sec., T, R, M

'FNL, 825' FEL, Sec. 27, T-31-N, R-8-W, NMPM

5. Lease Number  
SF-079037
6. If Indian, All. or  
Tribe Name
7. Unit Agreement Name

8. Well Name & Number  
Hale #352
9. API Well No.  
30-045-27650
10. Field and Pool  
Basin Fruitland Coal
11. County and State  
San Juan Co, NM

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

Type of Action

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment                          | <input type="checkbox"/> Change of Plans         |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion                         | <input type="checkbox"/> New Construction        |
| <input type="checkbox"/> Final Abandonment            | <input type="checkbox"/> Plugging Back                        | <input type="checkbox"/> Non-Routine Fracturing  |
|   | <input type="checkbox"/> Casing Repair                        | <input type="checkbox"/> Water Shut off          |
|   | <input type="checkbox"/> Altering Casing                      | <input type="checkbox"/> Conversion to Injection |
|   | <input checked="" type="checkbox"/> Other - pump installation |  |

Describe Proposed or Completed Operations

- 10-14-99 MIRU. ND WH. NU BOP. TIH, tag up @ 3164'. TOOH w/2-7/8" tbg. TIH w/mill.  
Blow well & CO to 3173'. SDON.
- 10-15-99 TIH w/100 jts 2-7/8" 6.5# J-55 tbg, set @ 3167'. ND BOP. NU WH. TIH w/one  
2" x 1 1/4" x 10' x 14' Rhac-z pump & rods. PT & pump action, OK. RD. Rig  
released.

I hereby certify that the foregoing is true and correct.

[Signature] Title Regulatory Administrator Date 10/19/99  
TLW

space for Federal or State Office use)

OVERED BY

Date NOV 18 1999

ITION OF APPROVAL, if any:

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  
States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

OPERATOR

REGULATORY

COMP NAME	TOW ID	USER X	DISP MO	GRS GAS
HALE 352	465501	4655A	11/30/98	37145.09
HALE 352	465501	4655A	12/31/98	37343.12
HALE 352	465501	4655A	1/31/99	38935.61
HALE 352	465501	4655A	2/28/99	34382.79
HALE 352	465501	4655A	3/31/99	37989.41
HALE 352	465501	4655A	4/30/99	33213.41
HALE 352	465501	4655A	5/31/99	15402.47
HALE 352	465501	4655A	6/30/99	28744.18
HALE 352	465501	4655A	7/31/99	31099
HALE 352	465501	4655A	8/31/99	31568.5
HALE 352	465501	4655A	9/30/99	33041.91
HALE 352	465501	4655A	10/31/99	38034.19
HALE 352	465501	4655A	11/30/99	44088.93
HALE 352	465501	4655A	12/31/99	41966.44
HALE 352	465501	4655A	1/31/00	43117.3

MA	DE	NO	PROD	DIS	Volume
10	4655A	199808	00		39619.29
10	4655A	199809	00		38508.54
10	4655A	199810	00		33367.53