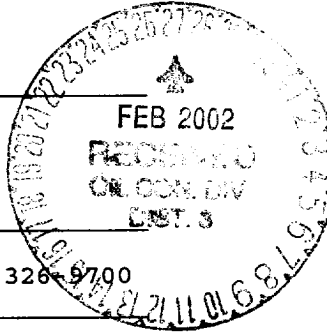


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator <b>BURLINGTON RESOURCES</b> OIL &amp; GAS COMPANY</p> <p>3. Address &amp; Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 328-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M 1450' FSL, 1650' FWL, Sec. 17, T-31-N, R-12-W, NMPM</p>	<p>5. Lease Number NM-021124</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name &amp; Number Newberry 13</p> <p>9. API Well No. 30-045-11878</p> <p>10. Field and Pool Basin FC/Blanco MV</p> <p>11. County and State San Juan Co, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" 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 - Commingle	

13. Describe Proposed or Completed Operations

It is intended to recomplete the Fruitland Coal in this existing Mesa Verde well as follows:

MIRU. Pull 2-3/8" tbg. Set a CIBP ~2350'. Run CBL across FTC interval. Perforate ~2050' - 2245'. Stimulate perforations with Linear Gel and N2 foam. Flow back and clean up after stimulation. Drill out CIBP and clean out well to MV zone. Land tubing at ~4890'. Turn well over to production as a commingle. Allocation to be calculated from new production volume minus established prior production.

2002 FEB 19 AM 11:14  
070 FARMINGTON, NM

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

Signed *Jeffrey Cal* Title Regulatory Supervisor Date 02/12/02

FSB

(This space for Federal or State Office use)

APPROVED BY */s/ Jim Lovato* Title \_\_\_\_\_ Date FEB 25 2002

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

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 15, 2000  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies  
☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-045-11878	<sup>2</sup> Pool Code 71629/72319	<sup>3</sup> Pool Name Basin Fruitland Coal/Blanco Mesaverde
<sup>4</sup> Property Code 7360	<sup>5</sup> Property Name Newberry	<sup>6</sup> Well Number 13
<sup>7</sup> OGRID No. 14538	<sup>8</sup> Operator Name Burlington Resources Oil & Gas Company, LP	<sup>9</sup> Elevation 5969

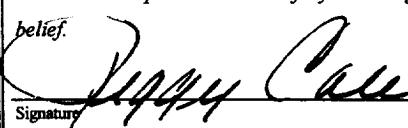
<sup>10</sup> Surface Location

UL or lot no. K	Section 17	Township 31N	Range 12W	Lot Idn	Feet from the 1450	North/South line South	Feet from the 1650	East/West line West	County San Juan
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<sup>11</sup> 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	East/West line	County
<sup>12</sup> Dedicated Acres W-320	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<sup>16</sup>				<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature Peggy Cole Printed Name Regulatory Supervisor Title 2-15-02 Date
				Original Plat from David O Vilven 4-29-66
				<sup>18</sup> SURVEYOR CERTIFICATION 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. Date of Survey Signature and Seal of Professional Surveyor: Certificate Number

1650'

1450'

APPROVED  
FEB 19 AM 11:14  
COUNTY CLERK