

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(See other in-
structions on
reverse side)

FOR APPROVED
OMB NO. 1004-0137
Expires: December 31, 1991

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐

b. TYPE OF COMPLETION:
NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR ☒ Other ☐ DHC601az

2. NAME OF OPERATOR
BURLINGTON RESOURCES OIL & GAS COMPANY

3. ADDRESS AND TELEPHONE NO.
PO BOX 4289, Farmington, NM 87499 (505) 326-9700

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 980'FSL, 1470'FWL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED 12/30/2002
12. COUNTY OR PARISH San Juan
13. STATE New Mexico

15. DATE SPUDDED 1/28/1976
16. DATE T.D. REACHED 2/2/1976
17. DATE COMPL. (Ready to prod.) 3/4/2002
18. ELEVATIONS (DF, RKB, RT, BR, ETC.)* 6191'GL, 6201'KB
19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 3181'
21. PLUG, BACK T.D., MD & TVD 3141'
22. IF MULTIPLE COMPL., HOW MANY*
23. INTERVALS DRILLED BY 0-3181'
24. PRODUCTION INTERVAL (S) OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)*
25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN GR
27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
7	23#	194'	9 7/8	150 sxs	
4 1/2	10.5#	3180'	6 1/4	350 sxs	

LINER RECORD				TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)
					2 3/8	3095'
						SN @ 3094'

PERFORATION RECORD (Interval, size and number)		ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
2816-2836', 2874-2891' w/4 SPF for a total of 148 holes, 0.30" diameter.		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
2980-2984', 2990-2994' w/4 SPF for a total of 32 holes, 0.30" diameter.		2816-2994'	22,000 gal 70 quality 20# lnr gel pad, 92,000# 20/40 AZ sand, 4600 SCF N2.

33. PRODUCTION
DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) SI
WELL STATUS (Producing or shut-in) SI

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N FOR TEST PERIOD	OIL-BBL	GAS-MCF	WATER-BBL	GAS-OIL RATIO
3/4/2002							
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL-BBL	GAS-MCF	WATER-BBL	OIL GRAVITY-API (CORR.)	
SI 140	SI 140			464 Pitot gauge			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold
TEST WITNESSED BY

35. LIST OF ATTACHMENTS
None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED [Signature] TITLE Regulatory Supervisor
ACCEPTED FOR RECORD
MAR 15 2002 DATE 3/11/2002

*(See Instructions and Spaces for Additional Information)
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.

NMCCD

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), to completion and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROSITY ZONES:			38. GEOLOGIC MARKERS		
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURE, AND RECOVERIES					
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			Fruitland	2556	(3646)
			Pictured Cliff	2994	(3208)

