District I

1625 N. French Dr., Hobbs, NM 88240 Phone:(505) 393-6161 Fax:(505) 393-0720

District II

1301 W. Grand Ave., Artesia, NM 88210 Phone:(505) 748-1283 Fax:(505) 748-9720

District III

1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico

Energy, Minerals and Natural Resources

Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

(505) 476-3440

Form C-140 Permit 32087 Revised June 10, 2003

APPLICATION FOR WELL WORKOVER PROJECT

I. Ope	rator and Well:						52.70			
Operator name & address								OGRID Number		
BURLINGTON RESOURCES OIL & GAS COMPANY LP								14538		
3401 E. 30TH STREET										
FARMIN	GTON NM 8	7402					50			
Contact Party								Phone		
MARALENE SPAWN								505-324-6190		
Property Name Well Number								API Number		
	.N 27 5 UNIT	24		133				30-039-20402		
UL - Lot	Section	Township	Range	Feet From The	North/South Line	Feet From The	East/West	East/West Line County		
4	19	27N	05W	1150	S	1150	W Ri		Rio Amba	
	200	NY.								
	kover:									
Date Workover Commenced: Previous Producing Pool(s) (Prior to Workover):										
7/25/2005 BLANCO-MESAVERDE (PRORATED GAS), BASIN DAKOTA (PRORATED GAS)									D GAS)	
Date Workover Completed:										
8/5/2005										
III. Atta	ch a decorrintion o	of the Workerson	Drocadimae nar	formed to increase	production					
 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. 									nonths of production	
following the workover reflecting a positive production increase.										
III. Attach a description of the Workover Procedures performed to increase production.										
V. Siza	ature:									
		nation ahove is tr	ne and comple	ete to the hest of m	y knowledge and be	lief				
Signature Electronically Signed				Title Specialist			Dat	Date 6/13/2006		
Type or print nameJoni Clark				E-mail address jclark@br-inc.comTelep			ephone l	phone No. 505-326-9701		
	NSERVATION									
VI. CERTIFICATION OF APPROVAL:										
This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and										
				leted on: 8/5/2001		THE TAXABLE AND	Levelue D	charmen	r or area replacement	
	District Sur			and an orbizoo.	District 1	2 1	Date 6/	12/2006		
pignarm c	District 20th	od (1801. Of	orne Leum			, ,	Date of	13/2000		

DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 6/13/2006

submitted in lieu of Form 3160-5 **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** Sundry Notices and Reports on Wells 5. Lease Number SF-079392 RECEIVED Type of Well If Indian, All. or 6. 070 FARMINGTON NM **GAS Tribe Name** 7. **Unit Agreement Name** 2. Name of Operator BURLINGTON San Juan 27-5 Unit RESOURCES OIL & GAS COMPANY LP Well Name & Number 3. Address & Phone No. of Operator #133 PO Box 4289, Farmington, NM 87499 (505) 326-9700 9. API Well No. 30-039-20402 Location of Well, Footage, Sec., T, R, M 10. Field and Pool Blanco MV/Basin DK Unit M (SWSW), 1150' FSL & 1150' FWL, Section 19, T27N, R5W, NMPM 11. **County and State** Rio Arriba Co., NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action Notice of Intent Abandonment Change of Plans Other -Recompletion New Construction Subsequent Report Plugging Non-Routine Fracturing Casing Repair Water Shut off Final Abandonment Altering Casing Conversion to Injection 13. Describe Proposed or Completed Operations See the attached procedure used to add the MV interval to the existing DK well. This well will be DHC'd per Order 1829 AZ. 14. I hereby certify that the foregoing is true and correct. Signed Philana Thompson Title Regulator

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001. makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false. fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Title

(This space for Federal or State Office use)

APPROVED BY

Date