

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

Form C-140  
Permit 22046  
Revised June 10, 2003

**Oil Conservation Division**

**1220 S. St Francis Dr.**

**Santa Fe, NM 87505**

**(505) 476-3440**

**APPLICATION FOR**  
**WELL WORKOVER PROJECT**

**I. Operator and Well:**

Operator name & address BURLINGTON RESOURCES OIL & GAS COMPANY LP 3401 E. 30TH ST FARMINGTON NM 87402							OGRID Number 14538	
Contact Party Marlene Spawn							Phone 505-324-6190	
Property Name ALLISON UNIT				Well Number 127S			API Number 30-045-31234	
UL - Lot D	Section 14	Township 32N	Range 07W	Feet From The 1090	North/South Line N	Feet From The 285	East/West Line W	County San Juan

**II. Workover:**

Date Workover Commenced: 3/23/2005	Previous Producing Pool(s) (Prior to Workover): BASIN FRUITLAND COAL (GAS)
Date Workover Completed: 5/2/2005	

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.

III. Attach a description of the Workover Procedures performed to increase production.

**V. Signature:**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
Signature	Electronically Signed	Title	Specialist	Date	1/24/2006
Type or print nameJoni Clark		E-mail addressjclark@br-inc.com		Telephone No. 505-326-9701	

FOR OIL CONSERVATION DIVISION USE ONLY:

**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 certifies that this Well Workover Project was completed on: 5/2/2005

Signature District Supervisor: Charlie Perrin District 3 Date 1/24/2006

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 1/24/2006

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., 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 and Natural Resources

Form C-103  
March 4, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-045-31234
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Allison Unit
8. Well Number #127S
9. OGRID Number 14538
10. Pool name or Wildcat Basin Fruitland Coal - 71629

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
Burlington Resources Oil & Gas Company LP

3. Address of Operator  
P.O. Box 4289, Farmington, NM 87499-4289

4. Well Location

Unit Letter D : 1090 feet from the North line and 285 feet from the West line

Section 14 Township 32N Range 7W NMPM San Juan County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
6692' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Recavitation ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

3/23/05 MIRU Aztec 376. TOH w/pump & rods. ND WH & NU BOP. PT - OK. TOOH w/tubing. RIH w/spear & tried to pull on liner. TOH w/spear. 4/1/05 RIH w/mill tagged fill @ 3344'. Milled from 3344' - 3492' (fill). Circ hole. TOH w/mill. RIH w/spear & TOH w/liner (liner parted had to fish for 2 jts). Tried to fish, ended up milling liner and then TOH w/fish. Recovered. 4/12/05. RIH w/9-1/2" underreamer (UR) and underreamed from 3392' - 3477'. TOH w/UR. Started naturally surging well 2 days, then started energized surges for 5 days. C/O to TD @ 3477' w/air, mist & foamer. TIH w/55 jts 5-1/2" 15.5#, J-55 liner & set liner @ 3477' w/perfs @ 3238' - 3260'; 3281' - 3389'. TOL @ 3168'. TIH w/2-3/8", 4.7# J-55 tbg & set @ 3440' w/SN @ 3419'. ND BOP, NU WH. 5/2/05 RIH w/rods & pump. Spaced out & PT. RD & released rig 5/2/05.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Patsy Clugston TITLE Sr. Regulatory Specialist DATE 5/26/05

Type or print name Patsy Clugston E-mail address: pclugston@br-inc.com Telephone No. 505-326-9518

(This space for State use)

APPROVED BY Chuck TITLE SUPERVISOR DISTRICT # 3 DATE MAY 27 2005  
Conditions of approval, if any: