## UNITED STATES

Sundry Notices and Reports on Wells    1. Type of Well	, <b>p</b>		OF LAND MANAGEMEN		DEIVED	
Lease Number NMSF-077652 Type of Well GAS  7. Unit Agreement N  RESCURCES OIL & GAS COMPANY  Address & Phone No. of Operator PO BOX 4289, Farmington, NM 87499 (505) 326-9700 PO BOX 428	<u> </u>	Sundry Noti	ces and Reports		_/ hat ! ! has her?	
Type of Well  GAS  Name of Operator  BURLINGTON  RESCURCES OIL 6 GAS COMPANY  Address & Phone No. of Operator  PO BOX 4289, Farmington, NM 87499 (505) 326-9700  Location of Well, Footage, Sec., T, R, M  Location of Well, Footage, Sec., T, R, M  Location of Well, Sec.47, T-31-N, R-12-W, NMPM  C. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  X Notice of Intent  Subsequent Report  Final Abandonment  X Casing Repair  Water Shut off  Final Abandonment  Altering Casing  Conversion to Injection  Other  Other  Other  CONDITIONS OF APPROVAL  Adhere to previously issued stipulations.  CONDITIONS OF APPROVAL  Adhere to previously issued stipulations.  Title Regulatory Specialist Date 4/29/04  Title Regulatory Specialist Date 4/29/04		Sundry Noti	ces and Reports		30 DM 1. 5	
Tripe of Well  GAS  Tripe Name  7. Unit Agreement N  BURLINGTON  FISCULACES OIL 6 GAS COMPANY  1. Address 6 Phone No. of Operator  FO BOX 4289, Farmington, NM 87499 (505) 326-9700  1. Location of Well, Footage, Sec., T, R, M  1. Location of Well, Footage, Sec., T, R, M  1. Location of Well, Footage, Sec., T, R, M  1. County and State San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  X Notice of Intent  Subsequent Report  Final Abandonment  Casing Repair  X Casing Conversion to Injection  Other  13. Describe Proposed or Completed Operations  It is intended to squeeze the subject well according to the attached procedure.  Verbal approval received from Steve Mason, BIM, on 3/1/04 to squeeze the csg.  CONDITIONS OF APPROVAL Adhere to previously issued stipulations.  Title Regulatory Specialist Date 4/29/04				ZW4 AFK	<del>30 m +3!</del>	
Name of Operator   BURLINGTON	<del></del>			070 FAF	MAGTON, N <b>A</b>	If Indian, All. or
BURLINGTON  RESOURCES OIL & GAS COMPANY  8. Well Name & Numb East #12  9. API Well No. 30-045-20486  10-06450 FSL, 990' FEL, Sec. 47, T-31-N, R-12-W, NMPM 10-0650' FSL, 990' FEL, Sec. 47, T-31-N, R-12-W, NMPM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent Subsequent Report Pinal Abandonment Subsequent Report Pinal Abandonment Altering Casing Other -  13. Describe Proposed or Completed Operations  It is intended to squeeze the subject well according to the attached procedure.  Verbal approval received from Steve Mason, BIM, on 3/1/04 to squeeze the csg.  CONDITIONS OF APPROVAL Adhere to previously issued stipulations.  Title Regulatory Specialist Date 4/29/04	·				7.	Unit Agreement Name
8. Well Name & Numb East #12 PO Box 4289, Farmington, NM 87499 (505) 326-9700 PO Box 4	BURLINGTO		COMPANY			
PO Box 4289, Farmington, NM 87499 (505) 326-9700  1. Location of Well, Footage, Sec., T, R, M 1650'FSL, 990'FEL, Sec.47, T-31-N, R-12-W, NMPM  2. 11. County and State San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  X Notice of Intent  Subsequent Report  Plugging Back  X Casing Repair  Final Abandonment  Altering Casing  Other  13. Describe Proposed or Completed Operations  It is intended to squeeze the subject well according to the attached procedure.  Verbal approval received from Steve Mason, BIM, on 3/1/04 to squeeze the csg.  CONDITIONS OF APPROVAL Adhere to previously issued stipulations.  Title Regulatory Specialist Date 4/29/04  Title Regulatory Specialist Date 4/29/04					8.	
30-045-20486  10. Field and Pool Aztec Pictured County and State San Juan Co, NM  10. Field and Pool Aztec Pictured County and State San Juan Co, NM  10. County and State San Juan Co, NM  11. County and State San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  13. Notice of Intent Abandonment Change of Plans  14. Recompletion New Construction Non-Routine Fracturing Water Shut off Altering Casing Conversion to Injection Other -  13. Describe Proposed or Completed Operations  14. It is intended to squeeze the subject well according to the attached procedure.  14. I hereby certify that the foregoing is true and correct.  15. Signed Tammy Warms Tale Regulatory Specialist Date 4/29/04		_		. 0700		
1650'FSL, 990'FEL, Sec. 7, T-31-N, R-12-W, NMPM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  X Notice of Intent  Abandonment  Recompletion  Subsequent Report  Final Abandonment  X Casing Repair  Altering Casing  Other  Conversion to Injection  Other  Describe Proposed or Completed Operations  It is intended to squeeze the subject well according to the attached procedure.  Verbal approval received from Steve Mason, BIM, on 3/1/04 to squeeze the csg.  CONDITIONS OF APPROVAL  Adhere to previously issued stipulations.  Title Regulatory Specialist Date 4/29/04  Title Regulatory Specialist Date 4/29/04	PO Box 4289, Far	mington, NM	87499 (505) 326	-9700	9.	
11. County and State San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission  X Notice of Intent Recompletion Subsequent Report Plugging Back Non-Routine Fracturing X Casing Repair Altering Casing Conversion to Injection Other  13. Describe Proposed or Completed Operations It is intended to squeeze the subject well according to the attached procedure.  Verbal approval received from Steve Mason, BIM, on 3/1/04 to squeeze the csg.  CONDITIONS OF APPROVAL Adhere to previously issued stipulations.  14. I hereby certify that the foregoing is true and correct.  Signed Tammay Warmanh Title Regulatory Specialist Date 4/29/04  Title Regulatory Specialist Date 4/29/04					10.	
San Juan Co, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  X Notice of Intent	1920, EST' 330, EET	·	31-N, K-12-W, NME	?M	11.	
Type of Submission  X Notice of Intent  Abandonment  Recompletion  Plugging Back  Non-Routine Fracturing  X Casing Repair  Altering Casing  Other -     Other -	,	42				
Abandonment Change of Plans Recompletion New Construction Non-Routine Fracturing Non-Routine Fracturing Altering Casing Repair Water Shut off Altering Casing Conversion to Injection Other -  Describe Proposed or Completed Operations It is intended to squeeze the subject well according to the attached procedure.  Verbal approval received from Steve Mason, BLM, on 3/1/04 to squeeze the csg.  CONDITIONS OF APPROVAL Adhere to previously issued stipulations.  It is intended to previously issued stipulations.  Title Regulatory Specialist Date 4/29/04	2. CHECK APPROPRIAT	E BOX TO INI	DICATE NATURE OF	NOTICE,	REPORT, OTHER	DATA
Subsequent Report Plugging Back Non-Routine Fracturing Water Shut off Final Abandonment Altering Casing Conversion to Injection Other -  3. Describe Proposed or Completed Operations It is intended to squeeze the subject well according to the attached procedure.  Verbal approval received from Steve Mason, BLM, on 3/1/04 to squeeze the csg.  CONDITIONS OF APPROVAL Adhere to previously issued stipulations.  4. I hereby certify that the foregoing is true and correct.  Signed Tammy Water Shut off Water Specialist Date 4/29/04						
Subsequent Report  Final Abandonment  Altering Casing Repair  Other  Other  Describe Proposed or Completed Operations  It is intended to squeeze the subject well according to the attached procedure.  Verbal approval received from Steve Mason, BLM, on 3/1/04 to squeeze the csg.  CONDITIONS OF APPROVAL Adhere to previously issued stipulations.  CONDITIONS OF APPROVAL Adhere to previously issued stipulations.  Title Regulatory Specialist Date 4/29/04	_X_ Notice of	Intent			Change of Pl	ans
Title Regulatory Specialist Date 4/29/04	g 1	+ : <del>D</del>	Recompletion	on	New Construc	tion
Final Abandonment Altering Casing Conversion to Injection Other	Subsequen	t keport		ack air	. Non-Routine . Water Shut o	fracturing ff
Describe Proposed or Completed Operations  It is intended to squeeze the subject well according to the attached procedure.  Verbal approval received from Steve Mason, BLM, on 3/1/04 to squeeze the csg.  CONDITIONS OF APPROVAL Adhere to previously issued stipulations.  14. I hereby certify that the foregoing is true and correct.  Signed Tammy Wintschler.  Title Regulatory Specialist Date 4/29/04	Final Aba	ndonment				
It is intended to squeeze the subject well according to the attached procedure.  Verbal approval received from Steve Mason, BLM, on 3/1/04 to squeeze the csg.  CONDITIONS OF APPROVAL Adhere to previously issued stipulations.  Adhere to previously issued stipulations.  Title Regulatory Specialist Date 4/29/04				· -	-	-
Adhere to previously issued stipulations.  14. I hereby certify that the foregoing is true and correct.  Signed Tammy Wimsatt Title Regulatory Specialist Date 4/29/04	It is intended	l to squeeze	the subject well			<del>-</del> •
Signed Tammy Wimsoff Title Regulatory Specialist Date 4/29/04			JUN, 2004	1000 100 100 100 100 100 100 100 100 10	CONDITION Adhere to previo	S OF APPROVAL usly issued stipulations.
		- 11				
				gulatory	Specialist Da	te 4/29/04
(This space for Federal or State Office use)  APPROVED BY Title Date  CONDITION OF APPROVAL, if any:	APPROVED BY		•		Date	

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.



## IMPLEMENTATION TEAM SUNDRY SQUEEZE PROCEDURE

## **EAST #12**

1650' S, 990' E
Unit I, Section 25, T31N, R12W
San Juan County, NM
LAT: 36 DEG 52.08'
LONG: 108 DEG 2.64'

Isolated holes between 1260' – 1292'. Injected at 1.5 bpm with 1500 psi.

- 1. TIH with packer and set at +/- 1230'.
- 2. Squeeze off holes with 150 sxs Type III cement with 2% CaCl2.
- 3. WOC overnight.
- 4. Drill out cement. Test squeeze to 500 psi for 15 minutes.
- 5. Resqueeze as required.
- 6. Perform Pictured Cliffs restimulation.