

State of New Mexico  
Energy, Minerals and Natural Resources

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

Form C-103  
May 27, 2004

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p> <p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>WELL API NO. 30-045-07831</p> <p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No.</p>
<p>2. Name of Operator Burlington Resources Oil &amp; Gas Company LP</p>		<p>7. Lease Name or Unit Agreement Name Mangum SRC</p>
<p>3. Address of Operator PO Box 4289, Farmington, NM 87499</p>		<p>8. Well Number 5</p>
<p>4. Well Location Unit Letter <u>I</u> : <u>1850</u> feet from the <u>South</u> line and <u>890</u> feet from the <u>East</u> line Section <u>29</u> Township <u>29N</u> Range <u>11W</u> NMPM San Juan County</p>		<p>9. OGRID Number 14538</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>10. Pool name or Wildcat Otero Chacra/Basin Dakota</p>
<p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p> <p>Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p> <p>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p>		

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 COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: Recompletion ☒

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.

11/15/04 MIRU. ND WH. NU BOP. TOO H w/2-3/8" tbg. TIH w/CIBP, set @ 5906'. PT to 500 psi/15 mins, OK. SDON.

11/16/04 Ran GR/CBL/CCL @ 3000' to 1800'. Perf 2 sqz holes @ 2810'. TIH w/cmt ret, set @ 2775'. SDON.

11/17/04 Pump 150 sxs Type 3 neat cmt. Reverse out. TIH w/pkr, set @ 810'. PT csg to 3000 psi/15 mins, OK.  
TOOH w/pkr. Perf 2 sqz holes @ 2090'. TOO H. TIH w/cmt retainer, set @ 2074'. Pump 150 sxs  
Type III neat w/2% calcium chloride. Displace w/8 bbls wtr. Reverse out 3 bbls cmt. WOC. SDON.

11/18/04 TIH w/mill, tag up @ 620'. Mill out cmt from 620' to 830'. Tag top of retainer @ 2074'. Mill out retainer  
& cmt to 2100'. Circ hole clean. SDON.

11/19/04 Tag top of retainer @ 2768'. Circ hole clean. TOO H w/mill. TIH w/CBL, log from 2737' to 1800', TOC  
@ 2108'. TIH w/mill, tag retainer @ 2768'. Mill out retainer & cement to 2798'. Circ hole clean. SDON.

11/20/04 TOO H w/mill. Perf Chacra @ 2429, 2431, 2440, 2509, 2513, 2519, 2523, 2527, 2538, 2595, 2598, 2601, 2616,  
2629, 2647, 2651, 2659, 2714, 2722, 2728, 2735, 2776, 2783, 2789 @ 1 SPF for a total of 24, 0.34"  
diameter holes. Brk dwn perfs. SDON.

11/22/04 Frac Chacra w/621 bbls 20# lnr gel, 200,000# 20/40 AZ sand, 845,600 SCF N2. Flow back well.

11/23-28/04 Flow back well.

11/29/04 TIH, tag up @ 2790'. CO to top of cmt @ 2798'. Mill out cmt from 2798' to 2815'. TIH to top of CIBP @ 5906'.  
Mill out CIBP @ 5906'. CO to PBTD. Flow well.

11/30/04 TOO H w/mill. TIH w/192 jts 2-3/8" 4.7# J-55 tbg, set @ 6030'. ND BOP. NU WH. RD. Rig released.

Well will produce as a Chacra/Dakota commingle under DHC1519AZ.

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 Tammy J. Jend TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Type or print name  
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: [Signature] TITLE \_\_\_\_\_

Conditions of Approval (if any):

DEPUTY OIL & GAS INSPECTOR, DIST. 04  
DEC - 9 2004