

Submit to Appropriate District Office
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☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Burlington Resources Oil Gas Co. LP. P.O. Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30-045-35038	⁵ Pool Name BASIN DAKOTA	⁶ Pool Code 71599
⁷ Property Code 18624	⁸ Property Name STATE COM SRC	⁹ Well Number 1B

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/SouthLine	Feet from the	East/West line	County
A	2	29N	8W		1150	NORTH	1085	EAST	San Juan

¹¹ Bottom Hole Location

UL or lot no. B	Section 2	Township 29N	Range 8W	Lot Idn 2	Feet from the 1008	North/South Line NORTH	Feet from the 1008	East/West line EAST	County San Juan
¹² Lse Code S	¹³ Producing Method Code F		¹⁴ Gas Connection Date		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
248440	Western Refining	O
151618	Enterprise	G

IV. Well Completion Data

²¹ Spud Date 2/23/2011	²² Ready Date 7/15/11 GRS	²³ TD MD-7,795'/TVD7,547'	²⁴ PBTB MD-7,789'-7,541'	²⁵ Perforations 7606'-7784'	²⁶ DHC, MC DHC 3494 AZ
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
12 1/4"	9 5/8", 32.3#, H-40	234'	76 sx (122 cf)		
8 3/4"	7", 23#, J-55	4095'	565 sx (1146 cf)		
6 1/4"	4 1/2", 11.6#, L-80	7791'	273 sx (551 cf)		
	2 3/8", 4.7#, L-80	7682'			

V. Well Test Data

³¹ Date New Oil NA	³² Gas Delivery Date 7/15/11 GRS	³³ Test Date 7/21/11	³⁴ Test Length 1hr	³⁵ Tbg. Pressure SI-400psi	³⁶ Csg. Pressure SI-297psi
³⁷ Choke Size 1/2"	³⁸ Oil 0 bopd	³⁹ Water 3 bwpd	⁴⁰ Gas 1345 mcf/d		⁴¹ Test Method Flowing

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <u><i>Denise Journey</i></u>		OIL CONSERVATION DIVISION Approved by: _____	
Printed name: <u>Denise Journey</u>		Title: _____	
Title: <u>Staff Regulatory Technician</u>		Approval Date: _____	
E-mail Address: <u>Denise.Journey@conocophillips.com</u>		BY: <u><i>Amy V.</i></u> DATE: <u>8/16/11</u> (505) 334-6178	
Date: <u>8-10-11</u>	Phone: (505) 326-9556	<u>Incorrect Forms</u>	