submitted in lieu of Form 3160-5

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sundry Notices and Re                                            | ports on Wells                                                                                                                           |                                        |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Type of Well<br>GAS                                              | 2005 AUG 22 PM 1 02                                                                                                                      | 5.<br>6.                               | Lease Number<br>NMSF-079383<br>If Indian, All. or<br>Tribe Name |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name of Operator                                                 | RECEIVED<br>070 FARMINGTON NIM                                                                                                           | 7.                                     | Unit Agreement Name                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BURLINGTON<br>RESOURCES OF                                       | L & GAS COMPANY LP                                                                                                                       |                                        | San Juan 30-6 Unit                                              |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Address & Phone No. of Op                                        | erator                                                                                                                                   | <del></del> 8.                         | Well Name & Number                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PO Box 4289, Farmington, NM 87499 (505) 326-9700                 |                                                                                                                                          |                                        | #99B<br>API Well No.                                            |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Location of Well, Footage, Sec., T, R, M Sec., T—N, R—W, NMPM    |                                                                                                                                          |                                        | 30-039-27695<br>Field and Pool                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Unit E (SWNW), 1550'                                             | FNL & 180' FWL, Sec. 34, T30N, R7W NMPM                                                                                                  | 11.                                    | Blanco MV/ Basin DK<br>County and State<br>Rio Arriba, NM       |
| 12.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CHECK APPROPRIATE BO                                             | OX TO INDICATE NATURE OF NOTICE, REPORT, (                                                                                               | OTHER I                                | DATA                                                            |
| T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ype of Submission:                                               | Type of Action:                                                                                                                          |                                        |                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  | ☐ Abandonment ☐ Change of Plans                                                                                                          | ☑ Other: Completion                    |                                                                 |
| Subsequent Report     ■     Subsequent Report     ■     ■     Subsequent Report     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■     ■ |                                                                  | ☐ Recompletion       ☐ New Construction         ☐ Plugging       ☐ Non-Routine Fracturing         ☐ Casing Repair       ☐ Water Shut-off |                                        |                                                                 |
| 匚                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Final Abandonment                                                | ☐ Altering Casing ☐ Conversion to Injection                                                                                              |                                        |                                                                 |
| 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Describe Proposed or Comp                                        | leted Operations                                                                                                                         |                                        |                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7/23/05 RU Blue Jet. Ran gau; 7300' to 6000'; CBL/GR/CCL RD W/L. | ge ring to 7669'. PBTD @ 7692'. Ran CBL/GR/CCL from a from 6000' to 3450'; GR/CCL from 3450' to surface. TOC                             | 7669' to 7                             | 7300'; GR/CCL from (7" shoe @ 3438').                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7/28/05 RU Frac valve. PT val                                    | lve and csg. To 4100 psi / 15 min. Good test.                                                                                            | 10000000000000000000000000000000000000 | 1. 1234                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | I hereby certify that the fore                                   | (8)                                                                                                                                      | N Oh                                   | S. S                        |
| Sigi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ned ffwllill /                                                   | Philana Thompson Title Regulator                                                                                                         | y Alasoci                              | Me II Date 8/1/05                                               |
| ~··                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                                                                          |                                        | ACCEPTED FOR RECORE                                             |
| (1h<br>API                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | is space for Federal or State Off<br>PROVED BY                   |                                                                                                                                          |                                        | AUG a i sees                                                    |
| CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NDITION OF APPROVAL, if                                          | Titleany:                                                                                                                                |                                        | Date <u>AUG 2 4 2005</u>                                        |
| Γitle 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8 U.S.C. Section 1001, makes it a crime for any pers             | on knowingly and willfully to make any department or agency of<br>nts or representations as to any matter within its jurisdiction.       |                                        | FARMING TUR FIELD OFFICE                                        |