

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

JAN 25 2013

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

5. Lease Serial No.  
**NM-03561**

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2.**

1. Type of Well  
 Oil Well  Gas Well  Other

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.  
**Grenier B 3N**

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

9. API Well No.  
**30-045-35111**

3a. Address  
**PO Box 4289, Farmington, NM 87499**

3b. Phone No. (include area code)  
**(505) 326-9700**

10. Field and Pool or Exploratory Area  
**Blanco MV/Basin DK**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**Surface Unit K (NE/SW), 1280' FSL & 1765' FWL, Section 5, T29N, R10W**  
**Bottomhole Unit L (NW/SW), 1300' FSL & 710' FWL, Section 5, T29N, R10W**

11. Country or Parish, State  
**San Juan, New Mexico**

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>TOC explanation</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>Squeeze attempts on</b>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<b>4-1/2" string</b>

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

A CBL was run on 12/12/12 and initially the TOC was identified as 4250' with ratty cement up to @ 1660' (MD). We called and received approval Brandon Powell (OCD) to attempt to squeeze the well. Troy Saylers didn't require remediation but if we did squeeze needed an NOI filed for the squeeze (see NOI dated 12/18/12). On 1/2/13 shot squeeze holes @ 4245 - 4246' and attempted to circulate before squeeze. Unable to circulate. Tried again @ 3930' - 3931' with same results. 1/7/13 Called and received permission from BLM & OCD to try again to squeeze (see sundry dated 1/10/13) and if unable to establish circulation we will suspending squeeze operations and monitor 4-1/2" X 7" annulus during frac'ing operations to ensure there was no communication.

**Note all attempted squeeze perfs are within the Mesaverde interval . Also we monitored the 4-1/2" X 7" annulus during frac'ing operations and no communication was observed.**

RCVD FEB 7 '13  
OIL CONS. DIV.  
DIST. 3

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)  
**Patsy Clugston**  
Title **Sr. Regulatory Specialist**  
Signature *Patsy Clugston*  
Date

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office **AS**

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

NMOCD A

FARMINGTON FIELD OFFICE  
BY William Tambora