

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0138  
Expires: July 31, 2010

RECEIVED  
NOV 09 2016  
Farmington Field Office  
Bureau of Land Management

**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.*

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

|   |  |   |
|---|--|---|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other                          |  | 5. Lease Serial No.<br><b>SF-078138</b>                               |
| 2. Name of Operator<br><b>Burlington Resources Oil &amp; Gas Company LP</b>   |  | 6. If Indian, Allottee or Tribe Name                                  |
| 3a. Address<br><b>PO Box 4289, Farmington, NM 87499</b>   |  | 7. If Unit of CA/Agreement, Name and/or No.                           |
| 3b. Phone No. (include area code)<br><b>(505) 326-9700</b>  |  | 8. Well Name and No.<br><b>Morris A 14</b>                            |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><b>Surface    Unit F (SENW), 1474' FNL &amp; 1589' FWL, Sec. 23, T30N, R11W</b> |  | 9. API Well No.<br><b>30-045-34614</b>                                |
|   |  | 10. Field and Pool or Exploratory Area<br><b>Basin Fruitland Coal</b> |
|   |  | 11. Country or Parish, State<br><b>San Juan    New Mexico</b>         |

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

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                |   |  |   |
|--|---|---|--|---|
| <input checked="" 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 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 |
|  | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       | <b>Name Change</b>                        |
|  | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |   |

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 recomplate 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 recomplate 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.)

**Burlington Resources requests that the well name for the subject well is changed from the Morris A 14 to the Sophia Anne 14. The revised C-102 plat with the new name is attached. The effective date for the name change is 11/1/2016.**

OIL CONS. DIV DIST. 3  
NOV 16 2016

|   |                                    |
|---|------------------------------------|
| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) |                                    |
| <b>Dollie L. Busse</b>  | Title <b>Regulatory Technician</b> |
| Signature   | Date <b>11/9/2016</b>              |

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

|   |                   |                     |
|---|-------------------|---------------------|
| Approved by<br><b>AG Elmadani</b>   | Title <b>PE</b>   | Date <b>11/9/16</b> |
| 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 <b>FFO</b> |                     |

NMOCD

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**DISTRICT I**  
1625 N. French Dr., Hobbs, N.M. 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-102

**DISTRICT II**  
811 S. First St., Artesia, N.M. 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720

OIL CONSERVATION DIVISION

Revised August 1, 2011

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, N.M. 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170

1220 South St. Francis Dr.  
Santa Fe, N.M. 87505

Submit one copy to appropriate  
District Office

**DISTRICT IV**  
1220 S. St. Francis Dr., Santa Fe, N.M. 87505  
Phone: (505) 478-3480 Fax: (505) 478-3482

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

|   |  |  |
|---|--|--|
| <sup>1</sup> API Number<br>30-045-34614 | <sup>2</sup> Pool Code<br>71629  | <sup>3</sup> Pool Name<br>BASIN FRUITLAND COAL |
| <sup>4</sup> Property Code<br>317122    | <sup>5</sup> Property Name<br>SOPHIA ANNE                                | <sup>6</sup> Well Number<br>14                 |
| <sup>7</sup> OGRID No.<br>14538         | <sup>8</sup> Operator Name<br>BURLINGTON RESOURCES OIL & GAS COMPANY LP. | <sup>9</sup> Elevation<br>5979                 |

<sup>10</sup> Surface Location

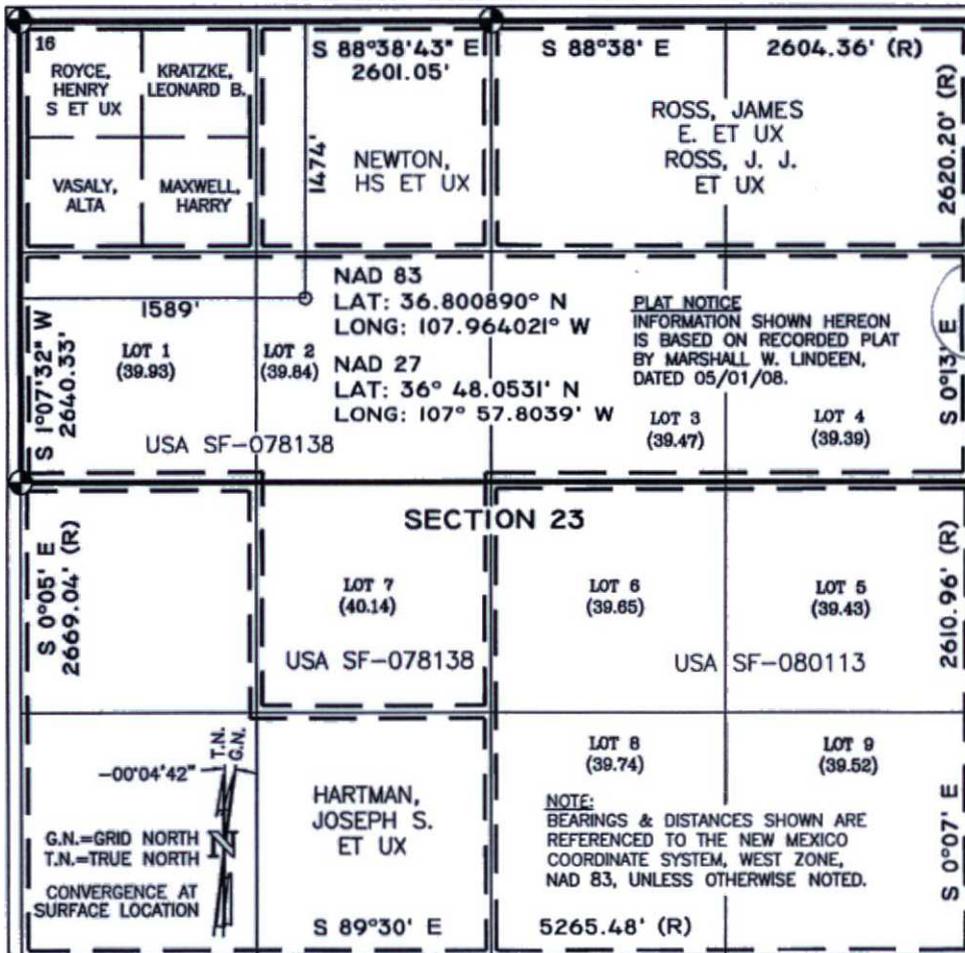
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County   |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|----------|
| F             | 23      | 30 N     | II W  | 2       | 1474          | NORTH            | 1589          | WEST           | SAN JUAN |

<sup>11</sup> Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
|               |         |          |       |         |               |                  |               |                |        |

|   |                               |                                  |                         |
|---|-------------------------------|----------------------------------|-------------------------|
| <sup>12</sup> Dedicated Acres<br>319.91 (N/2) | <sup>13</sup> Joint or Infill | <sup>14</sup> Consolidation Code | <sup>15</sup> Order No. |
|---|-------------------------------|----------------------------------|-------------------------|

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



**17 OPERATOR CERTIFICATION**  
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Dollie L. Busse*  
Signature Date 11/19/2016  
Dollie L. Busse  
Printed Name  
dollie.l.busse@cop.com  
E-mail Address

**18 SURVEYOR CERTIFICATION**  
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

5/31/07  
Date of Survey  
Signature and Seal of Surveyor  
MARSHALL W. LINDEEN  
NEW MEXICO  
PROFESSIONAL SURVEYOR  
11-8-16  
17078  
Certificate Number