## UNITEDSTATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## SUNDRY NOTICES AND REPORTS ON WELLS

FORMAPPROVED OM B No 1004-0137 Expires: March 31, 2007

| 3. Lease Seriai No.                  |  |
|--------------------------------------|--|
| NMSF 078578A                         |  |
| 6. If Indian, Allottee or Tribe Name |  |

| abandoned well. Use Form 3160-3 (APD) for  |  |                                     |                           |   |
|--|--|-------------------------------------|---------------------------|---|
|  |  |                                     | PM 4: 0                   |   |
| SUBMIT IN TRIPLICATE - Other instructions  | s on rever                               | se side                             | 7. If Unit                | or CA/Agreement, Name and/or N              |
| I. Type of Well X Gas Well Other   |  | CLM                                 | TOS MUNES                 |   |
|  |  | 210 FARMING                         | T8) Well Ma               | me and No.<br>LL K 1B                       |
| 2. Nameof Operator<br>Burlington Resources Oil & Gas   |  |                                     | 9. API We                 |   |
|  | oneNo.(includ                            | e area code)                        | 30-045-                   |   |
|  | 505)326-95                               |                                     |                           | nd Pool, or Exploratory Area                |
| Location of Well (Footage, Sec., T., R., M., or Survey Description)  |  |                                     |                           | Mesaverde                                   |
| 2100 NORTH 1975 WEST<br>JL: F, Sec: 21, T: 30N, R: 8W  |  |                                     | 11. Count<br>SAN JU<br>NM | y or Parish, State<br>JAN                   |
| 12. CHECK APPROPRIATE BOX(ES)TO INDICA   | ATE NATUR                                | RE OF NOTICE, RI                    | EPORT, O                  | R OTHER DATA                                |
| TYPEOF SUBMISSION  | TYI                                      | PEOF ACTION                         |                           |   |
| Acidize Deep   | pen                                      | Production (Sta                     | rt/Resume)                | Water Shut-Off                              |
|  | tureTreat                                | Reclamation                         |                           | Well Integrity                              |
| 3ubsequent Report  | Construction                             | Recomplete                          |                           | X Other Casing Report                       |
| Direct Alicenter contact at the Cont | and Abandon                              | Temporarily Ab                      | andon                     |   |
| Plug   | Back                                     | Water Disposal                      |                           |   |
| 2845'. RU to cmt. Preflush w/20 bbl gel wtr. Pump 306 0.25 pps celloflake, 5 pps LCM1, 0.4% Fl-52, 0.4% SN celloflake, 0.2% FL-52. Drop plug and displace w/114  | ທS. Tail w/9                             | 94sx (95cf - 17bl                   | ol) Type I                | II cmt w/1% CaCL, 0.25 p                    |
| 08/13/07 PT 7" csg to 1500#/30min. Good test. Drill 6 1/2", J-55, 10.5# ST&C csg and set @ 5150'. RU to cn 64 bbl)Prem Light cmt w/0.25 pps celloflake, 6.25 pps wtr. Bump plug w/1500#. Floats held. ND BOP. Releas Will report 4 1/2" csg PT and TOC on completion sund  | nt. Preflush<br>LCM1, 0.3<br>se rig 08/1 | n w/30 bbl gel wt<br>3% CD-32, 1% F | r. 5 bbl w                | tr. Pumped 181 sx (360 c                    |
|  |  |                                     |                           | TE Salvers                                  |
| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)   | <u> </u>                                 |                                     |                           | TI Salvets                                  |
| 14. Thereby certify that the foregoing is true and correct Name (Printed/Typed)  Juanita Farrell   | Title                                    | Regulatory Spec                     | cialist                   | RCVD AUG 24'07                              |
| Name (Printed/Typed)   |  | Regulatory Spec                     | cialist                   | RCVD AUG 24'07                              |
| Name (Printed/Typed) Juanita Farrell   | Date                                     | 08/16/2007                          |                           | RCVD AUG 24 '07<br>OIL CONS. DIV.           |
| Name (Printed/Typed) Juanita Farrell  Signature  Hyat Jawl  THIS SPACE FOR FEDER   | Date OR S                                | 08/16/2007<br>TATE OFFICE           | USE                       | RCVD AUG 24'07<br>OIL CONS. DIV.<br>DIST. 3 |
| Name (Printed/Typed) Juanita Farrell  Signature  THIS SPACE FOR FEDER  Approved by   | Date  RAL OR S                           | 08/16/2007                          | USE                       | RCVD AUG 24 '07<br>OIL CONS. DIV.           |
| Name (Printed/Typed) Juanita Farrell  Signature  Hyat Jawl  THIS SPACE FOR FEDER   | Date  RAL OR S                           | 08/16/2007<br>TATE OFFICE           | USE                       | RCVD AUG 24'07<br>OIL CONS. DIV.<br>DIST. 3 |