

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

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M Unit P (SESE), 740' FSL & 1035' FEL, Section 4, T29N, R11W, NMPM</p>	<p>5. Lease Number USA SF-043260-C</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Fogelson 4 100</p> <p>9. API Well No. 30-045-34626</p> <p>10. Field and Pool Basin Fruitland Coal</p> <p>11. County and State San Juan, CO NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Other - Spud Report
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut off
		<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

5/7/08 MIRU MOTE 209. 5/7/08 spud well w/8 3/4" bit to 143' TD. TD reached 5/7/08. Circ hole. RIH w/ 7 jts, 7", 20#, J-55, ST&C csg & set @ 138'. Pre-flush & pump 34 sx (55 cf - 10 bbls slurry) Type I-II, w/20% flyash. Dropped plug & displaced w/ 4 bbls FW. Circ 3 bbls cmt to surface. ND BOP & NUWH. RD & RR 5/7/08.

PT will be conducted by drilling rig & recorded on the next report. ✓

RCVD MAY 12 '08

OIL CONS. DIV.

DIST. 3

APD/ROW

14. I hereby certify that the foregoing is true and correct.

Signed Rhonda Rogers Title Regulatory Technician Date 5/08/08

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

NMOCD

