submitted in lieu of Form 3160-5 UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT Sundry Notices and Reports on Wells Lease Number NMSF-079391 If Indian, All. or Type of Well 6. GAS Tribe Name Unit Agreement Name 2. Name of Operator BURLINGTON OURCES OIL & GAS COMPANY LP San Juan 27-5 Unit Well Name & Number 3. Address & Phone No. of Operator San Juan 27-5 U #70F PO Box 4289, Farmington, NM 87499 (505) 326-9700 API Well No. 30-039-26613 Field and Pool 4. Location of Well, Footage, Sec., T, R, M 1755'FSL, 930'FEL, Sec.8, T-27-N, R-5-W, NMPM Blanco MV/Basin DK 11. County and State Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Type of Action X Notice of Intent Abandonment Change of Plans X\_ Recompletion New Construction Subsequent Report Plugging Back Non-Routine Fracturing Water Shut off Casing Repair Final Abandonment Altering Casing Conversion to Injection Other - Commingle 13. Describe Proposed or Completed Operations It is intended to recomplete the subject well to the Mesaverde formation as follows: 1. Move in, rig up. Pull out of hole with production tubing. 2. Trip in hole with CIBP, set @ approximately 5910' to isolate Dakota perforations. 3. Perforate Point Lookout at approximately 5636'-5850'. 4. Fracture stimulate the Pt. Lookout with 100,000# of sand and 60 quality slick water foam. 5. Trip in hole with CIBP, set at 5600' to isolate Point Lookout perforations. 6. Perforate the Cliff House and Menefee at approximately 5180'-5575'. 7. Fracture stimulate the Cliff House and Menefee with 100,000# of sand and 60 quality slick water foam. 8. Trip in hole with tubing, mill, and bit to drill out plugs and clean out to PBTD. Trip out of hole. 9. Trip in hole with production tubing. Rig down. The well will be completed as a Mesaverde and Dakota. A down hole commingle application will be submitted. CONDITIONS OF APPROVAL Adhere to previously issued stipulations. I hereby certify that the foregoing is true and correct. Title Senior Staff Specialist Signed Date 10/30/03 State Office use) (This space for Feder al or 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.

District I • PO Box 1980, Hobbs, NM 88241-1980

District II Do Drawer DD, Artesia, NM 88211-0719

1000 Rio Brazos Rd., Aztec, NM 87410

District IV PO Box 2088, Santa Fe, NM 87504-2088 State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Form C-102 Revised February 21, 1994 Instructions on back mit to Appropriate District Office

Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

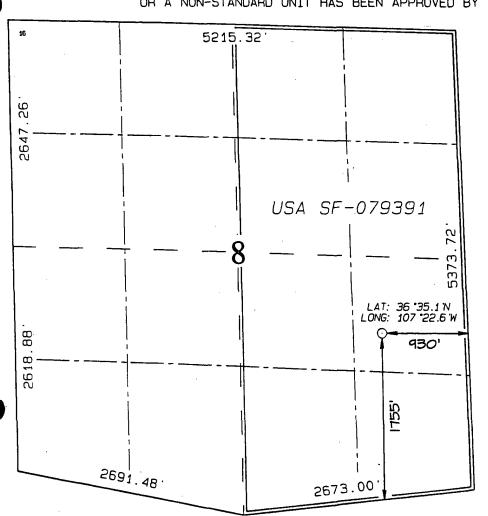
## WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	²Pool Code	'Pool Name	
30-039-26613	71599/72319	Basin Dakota/Blanco Mesaverde	
Property Code	*Property Name		Well Number
7454	SAN JUAN 27-5 UNIT		70F
'OGRID No.	*Operator Name		*Elevation
14538	BURLINGTON RESOURCES OIL & GAS COMPANY		6719
	<sup>10</sup> Surf	ace Location	

Feet from the UL or lot no. Section Township Range Lot Idn North/South line Feet from the East/West line County RIO 8 27N 5W Ι 1755 SOUTH 930 EAST ARRIBA <sup>11</sup>Bottom Hole Location If Different From Surface Lot Idn North/South line Feet from the UL or lot no. Section Feet from the Fast/West line County

If Dedicated Acres MV-E/320 DK-E/320

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



<u> </u>
OPERATOR CERTIFICATION
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief
of the transfer to the best of my knowledge the beller
Vancey Oltmanus
Y Brecede Vitana amus
Secreture 1
Signature /
N 015
Nancy Oltmanns
Printed Name
â . a cc a . 1.
Senior Staff Specialist
Title
10-30-03
Date
uare
18 CHRYEVOR CERTIFICATION
18 SURVEYOR CERTIFICATION
18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat
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
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