## ED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

| FORM APPROVED              |
|----------------------------|
| OMB NO: 1004-0135          |
| Expires: November 30, 2000 |

5. Lease Serial No. NMSF080517

| abandoned wei                                                                                                                                                   | i. Use form 3160-3 (APD) fo                                               | 6. If Indian, Allottee or Tribe Name                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUBMIT IN TRI                                                                                                                                                   | PLICATE - Other instruction                                               | 7. If Unit or CA/Agn                                                 | 7. If Unit or CA/Agreement, Name and/or No.      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1. Type of Well                                                                                                                                                 |                                                                           | 8. Well Name and No.                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Oil Well 🗖 Gas Well 🔲 Oth                                                                                                                                       | er                                                                        |                                                                      | PAYNE FEDERA                                     | AL 8S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 2. Name of Operator BURLINGTON RESOURCES                                                                                                                        | MMY WIMSATT<br>ail: twimsatt@br-inc.com                                   | 9. API Well No.<br>30-045-32003-00-X1                                |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| PO BOX 4289 Ph: 505.5                                                                                                                                           |                                                                           | . Phone No. (include area code<br>n: 505.599.4068<br>c: 505.326.9880 |                                                  | Field and Pool, or Exploratory     BASIN FRUITLAND COAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 4. Location of Well (Footage, Sec., T                                                                                                                           | ., R., M., or Survey Description)                                         | <del> </del>                                                         | 11. County or Parish                             | 11. County or Parish, and State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Sec 21 T32N R10W NWNW 8                                                                                                                                         |                                                                           | SAN JUAN CO                                                          | DUNTY, NM                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 12. CHECK APPI                                                                                                                                                  | ROPRIATE BOX(ES) TO IN                                                    | DICATE NATURE OF                                                     | NOTICE, REPORT, OR OTHE                          | ER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| TYPE OF SUBMISSION                                                                                                                                              | TYPE OF ACTION                                                            |                                                                      |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| □ Notice of Intent                                                                                                                                              | ☐ Acidize                                                                 | Deepen                                                               | ☐ Production (Start/Resume)                      | □ Water Shut-Off                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| _                                                                                                                                                               | ☐ Alter Casing                                                            | ☐ Fracture Treat                                                     | ☐ Reclamation                                    | ☐ Well Integrity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Subsequent Report                                                                                                                                               | Casing Repair                                                             | □ New Construction                                                   | Recomplete                                       | Other<br>Well Spud                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| ☐ Final Abandonment Notice                                                                                                                                      | Change Plans                                                              | ☐ Plug and Abandon                                                   | ☐ Temporarily Abandon                            | well Spud                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                 | Convert to Injection                                                      | Plug Back                                                            | □ Water Disposal                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 12-29-03 MIRU.<br>12-30-03 Spud well @ 4:00 a<br>32.3# H-40 ST&C csg, set @<br>pps Celloflake (130 cu.ft.). Dis<br>12-31-03 NU BOP. PT BOP &<br>APD ROW related | 146'. Cmtd w/92 sx Class "G<br>splace w/wtr. Circ 11 bbl cmt              | " Type III cmt w/2% calciu<br>to surface. WOC.                       | H w/3 jts 9 5/8" um chloride, 0.25               | Por Contract of the Contract o |  |
| 14. I hereby certify that the foregoing is                                                                                                                      |                                                                           | 25 years of house DI M We                                            |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>0</b>                                                                                                                                                        | For BURLINGTON RESO                                                       | URCES O&G CO LP, sent                                                | to the Farmington                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Name (Printed/Typed) TAMMY V                                                                                                                                    | mitted to AFMSS for processin                                             |                                                                      | on 01/08/2004 (04AXG0129SE)<br>LATORY SPECIALIST |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Traine (Traine a Type a)                                                                                                                                        | VIVIOATI                                                                  | Thic KEGOI                                                           | LATORT SPECIALIST                                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Signature (Electronic                                                                                                                                           |                                                                           | Date 12/31/2                                                         |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                                                                                                                 | THIS SPACE FOR                                                            | FEDERAL OR STATE                                                     | OFFICE USE                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| APPROVED BY ACCEPTED                                                                                                                                            |                                                                           |                                                                      | IE GARCIA<br>EUM ENGINEER                        | Date 01/08/200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to cond                              | Office Farming                                                            | Office Farmington                                                    |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent                                                                            | U.S.C. Section 1212, make it a crir statements or representations as to a | me for any person knowingly an<br>my matter within its jurisdiction  | nd willfully to make to any department<br>n.     | or agency of the United                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |