

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



DE	ET	OE	ES
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COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

Complete the
Attachment
Checklist

1. OGCC Operator Number: 26580	4. Contact Name: Patsy Clugston	OP OGCC
2. Name of Operator: Burlington Resources Oil & Gas, LP	Phone: 505-326-9518	
3. Address: P.O. Box 4289 City: Farmington State: NM Zip: 87499	Fax: 505-599-4062	
5. API Number 05- 067-09810	6. County: Surface - San Juan Co, NM	wellbore diagram <input checked="" type="checkbox"/>
7. Well Name: Allison Unit Com	Well Number: 149H	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW/4 Sec. 7, T32N, R6W, NMPM		

FORMATION: Igancio Blanco Fruitland Coal (1st lateral) Status: Shut In

Treatment Date: N/A Date of First Production this formation: Not Producing

Perforations Top: 3703 Bottom: 4530 No. Holes: 40 Hole size: .5"

Provide a brief summary of the formation treatment: Open Hole ☐

This horizontal lateral was drilling into the coal, and only circ clean, then pre-perf'd liner ran. No stimualtion took place

Test Information: 1st, 2nd and 3rd Lateral test information. Production from all three laterals tested together.

Date: 11/21/10 Hours: 1 Bbls oil: Mcf Gas: 125 Bbls H₂O: 40

Calculated 24 hour rate: Bbls oil: Mcf Gas: 3000 Bbls H₂O: 960 GOR:

Test Method: pitot Casing PSI: 703#, SI Tubing PSI: 669# SI Choke size: 2"

Gas Disposition: shut in Gas Type: Dry BTU Gas: 955 API Gravity Oil:

Tubing Size: 2-3/8" Tubing Setting Depth: 3520' Tbg setting date: 11/310/10 Packer Depth: n/a

Reason for Non-Production: Waiting for facilities to be set

Date formation Abandoned: Squeezed ☐ Yes ☒ No If yes number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: Ignacio Blanco Fruitland Coal (2nd Lateral) Status: Shut In

Treatment Date: N/A Date of First Production this formation: N/A

Perforations Top: 3321' Bottom: 5795' No. Holes: 100 Hole size: .5"

Provide a brief summary of the formation treatment: Open Hole ☐

This horizontal lateral was drilling into the coal, and only circ clean, then pre-perf'd liner ran. No stimualtion took place

Test Information: See Test information above

Date: Hours: Bbls oil: Mcf Gas: Bbls H₂O:

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H₂O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke size:

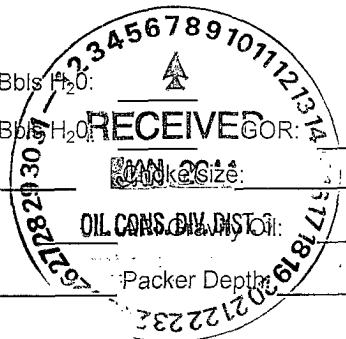
Gas Disposition: Gas Type: BTU Gas:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeezed ☐ Yes ☒ No If yes number of sacks cmt

Bridge Plug Depth: Sacks cement on top:



I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Patsy Clugston Ema Patsy.L.Clugston@ConocoPhillips.com

Signature: *Patsy Clugston* Title: Sr. Regulatory Specialist Date: 12/30/10

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2. Name of Operator: Burlington Resources Oil & Gas, LP	Patsy Clugston
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City: Farmington State: NM Zip: 87499	Fax: 505-599-4062
5. API Number 05-067-09810	6. County: Surface - San Juan Co, NM
7. Well Name: Allison Unit Com	Well Number: 149H
8. Location (QtrQtr, Sec, Twp, Rng, Meridian):	NWNW/4 Sec. 7, T32N, R6W, NMPM

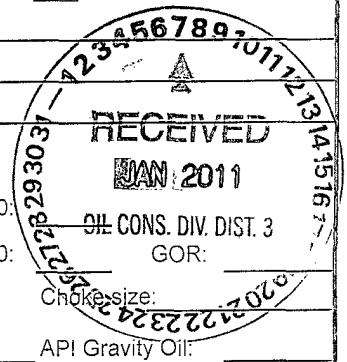
Complete the Attachment Checklist

OP OGCC

wellbore diagram	X	

FORMATION: Igancio Blanco Fruitland Coal (3rd lateral)	Status	Shut In
Treatment Date: N/A	Date of First Production this formation:	Not Producing
Perforations Top: 2825' Bottom: 5948'	No. Holes 128	Hole size: .5"
Provide a brief summary of the formation treatment:	Open Hole	<input type="checkbox"/>
This horizontal lateral was drilling into the coal, and only circ clean, then pre-perfd liner ran. No stimulation took place		
Test Information: See Test information from first page, all three laterals were tested together.		
Date: Hours: 1	Bbls oil:	Mcf Gas: Bbls H ₂ O:
Calculated 24 hour rate:	Bbls oil:	Mcf Gas: Bbls H ₂ O: GOR:
Test Method:	Casing PSI:	Tubing PSI: Choke size:
Gas Disposition:	Gas Type:	BTU Gas: API Gravity Oil:
Tubing Size:	Tubing Setting Depth:	Tbg setting date: Packer Depth:
Reason for Non-Production:		
Date formation Abandoned:	Squeezed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes number of sacks cmt
Bridge Plug Depth:	Sacks cement on top:	

FORMATION:	Status	
Treatment Date:	Date of First Production this formation:	
Perforations Top: Bottom:	No. Holes	Hole size:
Provide a brief summary of the formation treatment:	Open Hole	<input type="checkbox"/>
Test Information:		
Date: Hours:	Bbls oil:	Mcf Gas: Bbls H ₂ O:
Calculated 24 hour rate:	Bbls oil:	Mcf Gas: Bbls H ₂ O: GOR:
Test Method:	Casing PSI:	Tubing PSI: Choke size:
Gas Disposition:	Gas Type:	BTU Gas: API Gravity Oil:
Tubing Size:	Tubing Setting Depth:	Tbg setting date: Packer Depth:
Reason for Non-Production:		
Date formation Abandoned:	Squeezed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes number of sacks cmt
Bridge Plug Depth:	Sacks cement on top:	



I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Patsy Clugston Ema Patsy.L.Clugston@ConocoPhillips.com

Signature: Patsy Clugston Title Sr. Regulatory Specialist Date: 12/30/10