

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(See other instructions on reverse side)

FOR APPROVED
OMB NO. 1004-0137

Expires: December 31, 1991

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.
SF-078885

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Canyon Largo Unit

8. FARM OR LEASE NAME, WELL NO.
Canyon Largo Unit #287

9. API WELL NO.
30-039-21966

10. FIELD AND POOL, OR WILDCAT
Blanco MV/Basin DK

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 3, T-25-N, R-6-W

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR ☒ Other ☐

2. NAME OF OPERATOR
BURLINGTON RESOURCES OIL & GAS COMPANY

3. ADDRESS AND TELEPHONE NO.
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 1840'FSL, 1800'FWL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

15. DATE SPUDDED 7-7-79

16. DATE T.D. REACHED 7-19-79

17. DATE COMPL. (Ready to prod.) 1-20-96

18. ELEVATIONS (DF, RKB, RT, BR, ETC.)* 6750' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 7473'

21. PLUG BACK T.D., MD & TVD 7456'

22. IF MULTIPLE COMPL., HOW MANY* 2

23. INTERVALS DRILLED BY

RECTARY TOOLS 0-7473'

CABLE TOOLS

24. PRODUCTION INTERVAL (S) OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)*
5092-5102' Mesaverde

25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN
None

27. WAS WELL CORED
No

CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT LB/FT	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
9 5/8"	36#	222'	13 3/4"	224 cu.ft.	
4 1/2"	10.5# & 11.6#	7473'	8 3/4" & 7 7/8"	1472 cu.ft.	

LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	5047'	5015'

31. PERFORATION RECORD (Interval, size and number)
5092-5102'

ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5092-5102'	9960 gal 2% KCl wtr, 239,000 SCF N2
4236-4251'	Squeeze w/135 sx Class "B" cmt w/2% calcium chloride

33. PRODUCTION
DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)
SI

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N FOR TEST PERIOD	OIL-BBL	GAS-MCF	WATER-BBL	GAS-OIL RATIO
FLOW TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL-BBL	GAS-MCF	WATER-BBL	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Well is shut-in

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [Signature] TITLE Regulatory Supervisor

DATE 9-8-00

*(See Instructions and Spaces for Additional Data on Reverse Side)

FD 3160-4 2000

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

Sm - OFFICE

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions. All attachments should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. Consult local State and pressure tests, and directional surveys, should be described in accordance with Federal requirements. Consult local State should be listed on this form, see item 33.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. In any attachments, or Federal office for specific instructions. (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments, so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
			P.C.	2855	
			M.V.	4514	
			P.L.	5088	
			Gallup	6233	
			G.H.	7016	
			Graneros	7065	
			Dakota	7205	