

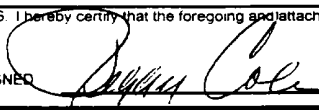
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(See other in-
structions on
reverse side)

FOR APPROVED
OMB NO. 1004-0137

Expires: December 31, 1991

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐				5. LEASE DESIGNATION AND SERIAL NO. SF-079403									
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR ☒ Other ☐				6. IF INDIAN, ALLOTTEE OR TRIBE NAME									
2. NAME OF OPERATOR BURLINGTON RESOURCES OIL & GAS COMPANY				7. UNIT AGREEMENT NAME San Juan 27-5 Unit									
3. ADDRESS AND TELEPHONE NO. PO Box 4289, Farmington, NM 87499 (505) 326-9700				8. FARM OR LEASE NAME, WELL NO. San Juan 27-5 Unit #118									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1600'FSL, 1815'FWL At top prod. interval reported below At total depth DHC-2287				9. API WELL NO. 30-039-20318									
10. FIELD AND POOL OR WILDCAT Blanco MV/Basin DK				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 22, T-27-N, R-5-W									
12. COUNTY OR PARISH Rio Arriba				13. STATE New Mexico									
15. DATE SPUDDED 5-12-70		16. DATE T.D. REACHED 5-21-70		17. DATE COMPL. (Ready to prod.) 9-1-99		18. ELEVATIONS (DF, RKB, RT, BR, ETC.)* 6557 GR		19. ELEV. CASINGHEAD					
20. TOTAL DEPTH, MD & TVD 7822		21. PLUG, BACK T.D., MD & TVD 7808		22. IF MULTIPLE COMPL., HOW MANY* 2		23. INTERVALS DRILLED BY 0-7822		24. ROTARY TOOLS CABLE TOOLS					
24. PRODUCTION INTERVAL (S) OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* 3924-5740 Mesaverde Commingled w/Dakota								25. WAS DIRECTIONAL SURVEY MADE No					
26. TYPE ELECTRIC AND OTHER LOGS RUN CBL-CCL-GR								27. WAS WELL CORED No					
28. 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		32# & 30#		245		13 3/4		165 sx					
7		20#		3534		8 3/4		145 sx					
4 1/2		11.6# & 10.5#		7822		6 1/4		335 sx					
29. LINER RECORD										30. TUBING RECORD			
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*		SCREEN (MD)		SIZE			
										2 3/8			
										7635			
31. PERFORATION RECORD (Interval, size and number)										32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
3924, 3940, 3945, 3950, 4005, 4190, 4202, 4308, 4340, 4345, 4355, 4360, 4365, 4390, 4395, 4475, 4485, 4490, 4495, 4500, 4505, 4525, 4550, 4560, 4590, 4620, 4632, 4668, 4680, 4682, 4705, 4725, 4730, 4740, 4762, 4788, 4800, 4805, 4810, 4815, 4915, 4935, 5011, 5020, 5025, 5050, 5055, 5065, 5070, 5091, 5107, 5115, 5117, 5125, 5128,										DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
										3924-4815		20# linear gel, 200.000# 20/40 Arizona sd, 1,212,000 SCF N2	
										4915-5197		2453 bbl slk wtr, 100.000# 20/40 Arizona sd	
										5273-5740		2210 bbl slk wtr, 100.000# 20/40 Arizona sd	
										Perforations cont'd on back			
33. PRODUCTION										34. DISPOSITION OF GAS (Solid, used for fuel, vented, etc.)			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						WELL STATUS (Producing or shut-in)					
		Flowing						SI					
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N FOR TEST PERIOD		OIL-BBL		GAS-MCF			
9-1-99										869 Pitot Gauge			
FLOW TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL-BBL		GAS-MCF		WATER-BBL			
SI 805		SI 779											
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 										TITLE Regulatory Administrator			
DATE 9-3-99										FARMINGTON FIELD OFFICE			

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

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.

WOOD

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 types electric, etc., formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments 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. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so indicated on item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s), and name(s) (if any) for only the interval reported in item 23. Submit a separate report (logs) 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": Attach supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing fluid.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instructions for items 23 and 24 above.)

37. SUMMARY OF POROUS ZONES:		TOF		FORMATION		DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		DESCRIPTION, CONTENTS, ETC.		BOTTOM		38. GEOLOGIC MARKERS		39. NAME		40. YEAR, DEPTH		41. NOT LAGGED		42. PICTURED CLIFFS		43. MEAS. VERDE		44. POINT LOOKOUT		45. GALLUP		46. GREENBORN		47. GRANERON		48. DAKOTA	
TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM	TOP	BOTTOM		
5131	5135	5140	5151	5165	5187	5197	5223	5295	5380	5400	5450	5540	5590	5682	5716	5727	5740	5847	5887	5931	5961	5984	6004	6032	6064	6104	6141	6170	6200	6230	6260		
Perforations continued:																																	
5131 5135 5140 5151 5165 5187 5197 5223 5295 5380 5400 5450 5540 5590 5682 5716 5727 5740 5847 5887 5931 5961 5984 6004 6032 6064 6104 6141 6170 6200 6230 6260																																	

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