

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-079493																									
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 #127																									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1750'FSL, 900'FWL At top prod. interval reported below At total depth DHC-2291				9. API WELL NO. 30-039-20378																									
14. PERMIT NO.				12. COUNTY OR PARISH Rio Arriba																									
15. DATE SPUDDED 6-3-71				13. STATE New Mexico																									
16. DATE T.D. REACHED 6-11-71		17. DATE COMPL. (Ready to prod.) 11-13-99		10. FIELD AND POOL, OR WILDCAT Blanco MV/Basin DK																									
20. TOTAL DEPTH, MD & TVD 7906'		21. PLUG BACK T.D., MD & TVD 7891'		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 25, T-27-N, R-5-W																									
22. IF MULTIPLE COMPL., HOW MANY* 2		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS		18. ELEVATIONS (DF, RKB, RT, BR, ETC.)* 6649' GR																									
24. PRODUCTION INTERVAL (S) OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* 4283-5939' Mesaverde Commingled w/Dakota				19. ELEV. CASINGHEAD																									
26. TYPE ELECTRIC AND OTHER LOGS RUN CBL-CCL-GR				25. WAS DIRECTIONAL SURVEY MADE No																									
27. WAS WELL CORED No																													
28. CASING RECORD (Report all strings set in well)																													
<table border="1"><thead><tr><th>CASING SIZE/GRADE</th><th>WEIGHT, LB./FT</th><th>DEPTH SET (MD)</th><th>HOLE SIZE</th><th>TOP OF CEMENT, CEMENTING RECORD</th><th>AMOUNT PULLED</th></tr></thead><tbody><tr><td>9 5/8</td><td>32.3#</td><td>234</td><td>13 3/4</td><td>190 sx</td><td></td></tr><tr><td>7</td><td>20#</td><td>3740</td><td>8 3/4</td><td>115 sx</td><td></td></tr><tr><td>4 1/2</td><td>11.6# & 10.5#</td><td>7906</td><td>6 1/4</td><td>330 sx</td><td></td></tr></tbody></table>						CASING SIZE/GRADE	WEIGHT, LB./FT	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED	9 5/8	32.3#	234	13 3/4	190 sx		7	20#	3740	8 3/4	115 sx		4 1/2	11.6# & 10.5#	7906	6 1/4	330 sx	
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31. PERFORATION RECORD (Interval, size and number)																													
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																													
4283-4903', 5104, 5118, 5137, 5143, 5166, 5175, 5189, 5201, 5213, 5222, 5225, 5234, 5239, 5268, 5280, 5295, 5311, 5336, 5345, 5355, 5380, 5407, 5416, 5424, 5426, 5571, 5577, 5600, 5620, 5633, 5637, 5652, 5656, 5663, 5682, 5687, 5704, 5729, 5735, 5750, 5758, 5776, 5805, 5819, 5835, 5854, 5859, 5872, 5879, 5918, 5926, 5932, 5939																													
33. PRODUCTION																													
DATE FIRST PRODUCTION																													
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)																													
WELL STATUS (Producing or shut-in)																													
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.)																													
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 Administrator

DATE: ACCEPTED FOR RECORD

*(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 of agency of United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD

FARMINGTON FIELD OFFICE
BY: [Signature]

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.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, 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 35.

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 19: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on 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 state in 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 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; LOGGED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING

DEPTH INTERVAL TESTED, CUSHION (USED), TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

DESCRIPTION, CONTENTS, ETC.

TOP

FORMATION

BOTTOM

MEAS. DEPTH

TRUE VERT. DEPTH

NAME

TOE

5132

5595

6661

7556

7616

7743

Mesa Verde

Point Lookout

Gallup

Greenhorn

Graneros

Dakota

Squeeze @ 3950' w/150 sx Class "B" 50/50 poz w/0.3% fluid loss, 0.4% Versaset