

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\*

|                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1a. TYPE OF WELL:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/>                                                                                   |  | 99 OCT 25 PM 2:21                                                                                                                                                                                                                             |  |
| b. TYPE OF COMPLETION:<br>NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR <input checked="" type="checkbox"/> |  | XERO COPY FROM NM                                                                                                                                                                                                                             |  |
| 2. NAME OF OPERATOR<br>BURLINGTON RESOURCES OIL & GAS COMPANY                                                                                                                                                      |  | 9. API WELL NO.<br>30-039-20383                                                                                                                                                                                                               |  |
| 3. ADDRESS AND TELEPHONE NO.<br>PO Box 4289, Farmington, NM 87499 (505) 326-9700                                                                                                                                   |  | 10. FIELD AND POOL OR WILDCAT<br>BS Mesa Gallup                                                                                                                                                                                               |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)<br>At surface 990'FSL, 850'FWL<br><br>At top prod. interval reported below<br><br>At total depth                       |  | 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA<br>Sec. 28, T-27-N, R-4-W                                                                                                                                                                   |  |
| 14. PERMIT NO.<br>DATE ISSUED                                                                                                                                                                                      |  | 12. COUNTY OR PARISH<br>Rio Arriba                                                                                                                                                                                                            |  |
| 15. DATE SPUNDED<br>8-24-71                                                                                                                                                                                        |  | 16. DATE T.D. REACHED<br>9-4-71                                                                                                                                                                                                               |  |
| 17. DATE COMPL. (Ready to prod.)<br>10-11-99                                                                                                                                                                       |  | 18. ELEVATIONS (OF, RKB, RT, BR, ETC.)*<br>7207' GR                                                                                                                                                                                           |  |
| 19. ELEV. CASINGHEAD                                                                                                                                                                                               |  | 20. TOTAL DEPTH, MD & TVD<br>8517'                                                                                                                                                                                                            |  |
| 21. PLUG, BACK T.D., MD & TVD<br>CIBP @ 8185'                                                                                                                                                                      |  | 22. IF MULTIPLE COMPL., HOW MANY*                                                                                                                                                                                                             |  |
| 23. INTERVALS DRILLED BY<br>ROTARY TOOLS<br>CABLE TOOLS                                                                                                                                                            |  | 24. PRODUCTION INTERVAL (S) OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)*<br>6835-8000' Gallup                                                                                                                                           |  |
| 25. WAS DIRECTIONAL SURVEY MADE                                                                                                                                                                                    |  | 26. TYPE ELECTRIC AND OTHER LOGS RUN<br>CBL-CCL-GR                                                                                                                                                                                            |  |
| 27. WAS WELL CORED<br>No                                                                                                                                                                                           |  | 28. CASING RECORD (Report all strings set in well)                                                                                                                                                                                            |  |
| 29. LINER RECORD                                                                                                                                                                                                   |  | 30. TUBING RECORD                                                                                                                                                                                                                             |  |
| 31. PERFORATION RECORD (Interval, size and number)<br>6835-7105', 7120-7365', 7580-7780', 7865-8000'                                                                                                               |  | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.<br>DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED<br>6835-7365 2115 bbl 25# x-link gel, 85,000# 20/40 tempered LC sd<br>7580-8000 2105 bbl 25# x-link gel, 100,000# 20/40 tempered LC sd |  |
| 33. PRODUCTION<br>DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)<br>Flowing                                                                                            |  | WELL STATUS (Producing or shut-in)<br>SI                                                                                                                                                                                                      |  |
| DATE OF TEST<br>10-11-99                                                                                                                                                                                           |  | HOURS TESTED                                                                                                                                                                                                                                  |  |
| CHOKE SIZE                                                                                                                                                                                                         |  | PRODN 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.)                                                                                                                                                                                            |  | TEST WITNESSED BY                                                                                                                                                                                                                             |  |
| 34. DISPOSITION OF GAS (Solid, used for fuel, vented, etc.)<br>To be sold                                                                                                                                          |  | ACCEPTED FOR RECORD                                                                                                                                                                                                                           |  |
| 35. LIST OF ATTACHMENTS<br>None                                                                                                                                                                                    |  | NOV 04 1999                                                                                                                                                                                                                                   |  |
| 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: 10/22/99                                                                                                                                                                            |  |

\*(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.

NMOCD

General: This form is designed for submitting a complete and correct report on the use of this form and the number of copies to be submitted, 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 18: 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 production 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: "Seals/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

| FORMATION | TOP | BOTTOM | DESCRIPTION, CONTENTS, ETC. | GEOLOGIC MARKERS |             |
|-----------|-----|--------|-----------------------------|------------------|-------------|
|           |     |        |                             | NAME             | MEAS. DEPTH |
|           |     |        |                             | Pictured Cliffs  | 4057'       |
|           |     |        |                             | Mesa Verde       | 5754'       |
|           |     |        |                             | Point Lookout    | 6227'       |
|           |     |        |                             | Gallup           | 7426'       |
|           |     |        |                             | Greenhorn        | 8167'       |
|           |     |        |                             | Granceros        | 8226'       |
|           |     |        |                             | Dakota           | 8384'       |

| MEAS. DEPTH | TRUE VERT DEPTH | TOP |
|-------------|-----------------|-----|
|             |                 |     |
| 4057'       |                 |     |
| 5754'       |                 |     |
| 6227'       |                 |     |
| 7426'       |                 |     |
| 8167'       |                 |     |
| 8226'       |                 |     |
| 8384'       |                 |     |