

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

- | | |
|--|---|
| <p>1. Type of Well
GAS</p> <hr/> <p>2. Name of Operator
BURLINGTON
RESOURCES OIL & GAS COMPANY</p> <hr/> <p>3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M
990' FSL, 1120' FWL, Sec. 16, T-28-N, R-10-W, NMPM</p> | <p>5. Lease Number
SF-080781</p> <p>6. If Indian, All. or
Tribe Name</p> <p>7. Unit Agreement Name</p>

<p>8. Well Name & Number
Cain #14</p> <p>9. API Well No.
30-045-74260 01126</p> <p>10. Field and Pool
Basin FTC/Aztec PC</p> <p>11. County and State
San Juan Co, NM</p> |
|--|---|

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

- | Type of Submission | Type of Action | |
|--|---|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Subsequent Report | <input checked="" type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other - Commingle | |

13. Describe Proposed or Completed Operations

It is intended to recomplete the Fruitland Coal formation in the existing Pictured Cliffs wellbore according to the attached procedure. The Fruitland Coal and Pictured Cliffs formations will be commingled.

14. I hereby certify that the foregoing is true and correct.

Signed *Deann Cole* Title Regulatory Supervisor Date 1/24/01
TLW

(This space for Federal or State Office use)

APPROVED BY *18/ Jim Leato* Title _____ Date MAY 18

CONDITION OF APPROVAL: I certify

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.

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 21, 1994

Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-045-74260		2 Pool Code 71629/71280		3 Pool Name Basin Fruitland Coal/Aztec Pictured Cliffs	
4 Property Code 18487		5 Property Name Cain			6 Well Number 14
7 OGRID No. 14538		8 Operator Name Burlington Resources Oil & Gas Company			9 Elevation 5826' GR

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
M	16	28N	10W		990	South	1120	West	San Juan

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedicated Acres
FTC:W/320
PC:SW/160

13 Joint or Infill

14 Consolidation Code

15 Order No.

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>16</p> <p>Original plat from Ernest V. Echolhawk 2-13-61.</p> <p>16</p> <p>1120'</p> <p>066'</p>				<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</p> <p><i>Peggy Cole</i></p> <p>Signature Peggy Cole</p> <p>Printed Name Regulatory Supervisor</p> <p>Title 1-24-01</p> <p>Date</p>	
				<p>18 SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p> <p>Certificate Number</p>	

Sundry Notice Submittal

Well: Cain #14

Unit M, Sec 16, T28N, R10W

It is intended to recomplete the Fruitland Coal formation in the existing Pictured Cliffs wellbore. A rig will MIRU, ND wellhead, NU BOP. A CIBP will be set above the PC formation at approximately 1900'

If adequately isolated by cement, the Fruitland Coal formation will be perforated and fracture stimulated from 1758' to 1890'. If cement remediation operations are necessary, Burlington Resources will contact the appropriate regulatory agency for approval prior to work initiation.

After stimulation flowback and clean out, the well will then produce commingled production from the Fruitland Coal and Pictured Cliffs formations.

Approved: _____
Drilling Manager

Date _____

Approved: *Jerry Cole*
Regulatory

Date 1-15-01

Sundry Needed: ☒ Yes ☐ No