

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS
2. Name of Operator
**BURLINGTON
RESOURCES** OIL & GAS COMPANY
3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700
4. Location of Well, Footage, Sec., T, R, M
1160' FSL, 1840' FEL, Sec. 27, T-31-N, R-12-W, NMPM
5. Lease Number
NM-01614
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Thompson #6
9. API Well No.
30-045-10266
10. Field and Pool
Blanco MV/Basin DK
11. County and State
San Juan Co, NM

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 subject well to the Mesaverde formation in the existing Dakota wellbore according to the attached procedure. The Mesaverde and Dakota formations will be commingled.

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

Signed Reggie Calk Title Regulatory Supervisor Date 10/16/01
TLW

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

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 30-045-10266		2 Pool Code 72319/71599		3 Pool Name Blanco Mesa Verde/Basin Dakota	
4 Property Code 18628		5 Property Name Thompson			6 Well Number 6
7 OGRJD No. 14538		8 Operator Name Burlington Resources Oil & Gas Company, LP			9 Elevation 6142

10 Surface Location

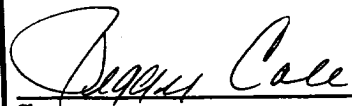
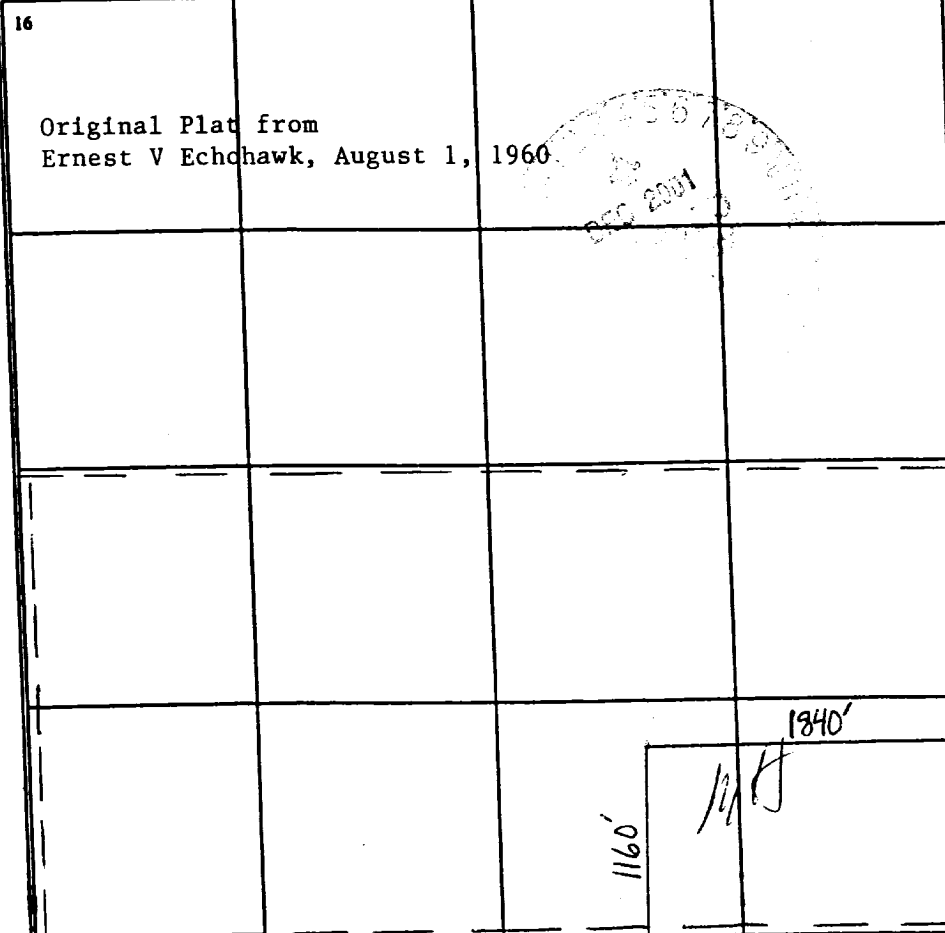
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	27	31N	12W		1160	South	1840	East	San Juan

11 Bottom Hole Location If Different From Surface

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

12 Dedicated Acres S/320	13 Joint or Infill	14 Consolidation Code	15 Order No.
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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

16 Original Plat from Ernest V Echchawk, August 1, 1960.				17 OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</i>  Signature Peggy Cole Printed Name Regulatory Supervisor Title 10-18-01 Date	
				18 SURVEYOR CERTIFICATION <i>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.</i> Date of Survey Signature and Seal of Professional Surveyer:	
				Certificate Number	