## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Type of Well  GAS  Name of Operator  BURLINGTON  OIL & GAS COMPANY  Address & Phone No. of Operator  PO Box 4289, Farmington, NM 87499 (505) 326-9700  Location of Well, Footage, Sec., T, R, M  1160'FSL, 1840'FEL, Sec.27, T-31-N, R-12-W, NMPM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTE  Type of Submission  _X Notice of Intent  _X Recompletion  Subsequent Report  Plugging Back Non-Routin  Casing Repair  Water Shut	Plans Tuction ne Fracturing
Name of Operator    Provided   Proposed or Completed Operations   Proposed or Completed Operations   Proposed or Completed Operations   Proceedings   Proposed or Completed Operations   Proceeding   Proposed or Complete Operations   Procedure   Proposed or Complete Operations   Procedure   Proposed or Complete Operations   Proposed Opera	. If Indian, All. or Tribe Name . Unit Agreement Name . Well Name & Number Thompson #6 . API Well No. 30-045-10266 .0. Field and Pool Blanco MV/Basin DK 1. County and State San Juan Co, NM  ER DATA  Plans ruction the Fracturing the off
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Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700  Location of Well, Footage, Sec., T, R, M 1160'FSL, 1840'FEL, Sec.27, T-31-N, R-12-W, NMPM  CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTE Type of Submission  X Notice of Intent Abandonment Subsequent Report Plugging Back Non-Routing Casing Repair Water Shut Final Abandonment Altering Casing Conversion X Other - commingle  Describe Proposed or Completed Operations  It is intended to recomplete the subject well to the Mesaveroexisting Dakota wellbore according to the attached procedure	. Well Name & Number Thompson #6 . API Well No. 30-045-10266 0. Field and Pool Blanco MV/Basin DK 1. County and State San Juan Co, NM  TER DATA  Plans ruction the Fracturing the off
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	re. The Mesaverde and
I hereby certify that the foregoing is true and correct.	)); <del> </del>
Igned Title Regulatory Supervisor This space for Federal or State Office use)	Date IU/Ib/UL

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, Ilobba, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Bruzos 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

API Number				<sup>2</sup> Pool Code		<sup>3</sup> Pool Name				
30-045-10266 72319/71599 Blanco Mesa Verde/Basin Dakota						kota				
<sup>4</sup> Property C	<sup>4</sup> Property Code <sup>5</sup> Property Name							* Well Number		
18628	1	Thompso	on						6	
OGRID No. Operator Name							ì	* Elevation		
14538	1	Burlington Resources Oil & Gas Company, LP 61						42		
<sup>10</sup> Surface Location										
UL or lot so.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West-line	County	
0	27	31N	12W		1160	South	1840	East	San Juan	

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

11 Dedicated Acres 13 Joint or Infill 14 Consolidation Code 15 Order No.

S/320

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				OPERATOR CERTIFICATION  hereby certify that the information contained herein is  rue and complete to the best of my knowledge and belief
Original Plat Ernest V Echo	from hawk, August 1,	1966		Deggy Cale
				Signature Peggy Cole Printed Name
				Regulatory Supervisor Title  10-18-0  Date
<del></del>	<del> </del>	<del>                                     </del>		18SURVEYOR CERTIFICATION
				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.
				Date of Survey
lt		·	1940'	Signature and Seal of Professional Surveyer:
		1160,	nd	
				Certificate Number