

This Application is hereby approved and the above-reference well is designated a Well Workover Project and the Division hereby verifies the data shows positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on _____.

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

070 FARMINGTON, NM

1. Type of Well
GAS

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

3. Address & Phone No. of Operator
Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
1190' FNL, 900' FEL, Sec. 17, T-32-N, R-6-W, NMPM

5. Lease Number
NM-04207

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
Allison Unit

8. Well Name & Number
Allison Unit #110

9. API Well No.
30-045-27171

10. Field and Pool
Basin Fruitland Coal

11. County and State
San Juan Co, NM

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

Type of Submission

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment

Type of Action

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other - Pump Installation
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut off
☐ Conversion to Injection

13. Describe Proposed or Completed Operations

4-16-99 MIRU. ND WH. NU BOP. TIH, tag TD @ 3094'. TOOH w/tbg. TIH w/93
jts 2 3/8" 4.7# J-55 tbg, set @ 3086'. ND BOP. NU WH. SD for wknd.
4-19-99 TIH w/one 2" x 1 1/4" x 10' x 14' Rhac-Z pump & rods. PT & pump action OK
RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 4/26/99

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any: _____

Date MAY 05 1999

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any statement to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within the jurisdiction of such department or agency.

OPERATOR

ACCEPTED FOR RECORD

COMP NAME	TOW ID	USER XREF	DISP MO	GRS GAS
ALLISON UNIT 110 384201	3842A	11/30/98	203.1	
ALLISON UNIT 110 384201	3842A	12/31/98	209.87	
ALLISON UNIT 110 384201	3842A	1/31/99	599.08	
ALLISON UNIT 110 384201	3842A	2/28/99	652.29	
ALLISON UNIT 110 384201	3842A	3/31/99	503.98	
ALLISON UNIT 110 384201	3842A	4/30/99	607.771	
ALLISON UNIT 110 384201	3842A	5/31/99	760.936	
ALLISON UNIT 110 384201	3842A	6/30/99	1603.06	
ALLISON UNIT 110 384201	3842A	7/31/99	2526.47	
ALLISON UNIT 110 384201	3842A	8/31/99	2659.8	
ALLISON UNIT 110 384201	3842A	9/30/99	2745.19	

MAJ	DP	NO	PRODN	DIS	Volume
11	3842A	199711	00		0
11	3842A	199712	00		232.3453
11	3842A	199801	00		21.56792
11	3842A	199802	00		441.162
11	3842A	199803	00		607.8232
11	3842A	199804	00		861.7364
11	3842A	199805	00		639.1947
11	3842A	199806	00		428.4173
11	3842A	199807	00		252.9329
11	3842A	199808	00		476.455
11	3842A	199809	00		446.0638
11	3842A	199810	00		105.8789