

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

RECEIVED**JAN 20 2012**

Sundry Notices and Reports on Wells

Farmington Field Office
Bureau of Land Management

- | | |
|--|---|
| <p>1. Type of Well
GAS</p> <p>2. Name of Operator
BURLINGTON
RESOURCES OIL & GAS COMPANY LP</p> <p>3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M

Unit D (NWNW), 840' FNL & 830' FWL, Section 14, T27N, R9W, NMPM</p> | <p>5. Lease Number
SF-078357</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number
Marshall A 1</p> <p>9. API Well No.

30-045-06550</p> <p>10. Field and Pool
S. Blanco PC / Basin FC</p> <p>11. County and State
San Juan, 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 checked="" type="checkbox"/> Other -	<input type="checkbox"/> MIT
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction		
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	<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		

13. Describe Proposed or Completed Operations

Burlington Resources requests permission to conduct an MIT on the subject well per the attached procedure and current wellbore schematic.

RCVD JAN 25 '12

**Notify NMOCD 24 hrs
prior to beginning
operations**

OIL CONS. DIV.

DIST. 3

14. I hereby certify that the foregoing is true and correct.Signed Crystal Tafoya Crystal TafoyaTitle: Staff Regulatory TechnicianDate 1/20/12

(This space for Federal or State Office use)

APPROVED BY Original Signed: Stephen Mason Title _____

Date

JAN 23 2012

CONDITION OF APPROVAL, if any:

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

NMOCD

Ar

ConocoPhillips
MARSHALL A 1
Expense - MIT
Lat 36° 34' 48.684" N / Long 107° 45' 48.852" W

PROCEDURE

Notify OCD 24 hours ahead to witness MIT testing, call @ 334-6178 ext.# 116

1. Hold pre-job safety meeting. Comply with all NMOCD, BLM, and COPC safety and environmental regulations. Test rig anchors prior to moving in rig.
2. MIRU pump truck. Check casing, and bradenhead pressures and record them in Wellview. **If there is pressure on the BH, contact engineer to review complete BH history and get a gas analysis done.**
3. When an existing primary valve (i.e. casing valve) is to be used, the existing piping should be removed and replaced with the appropriate piping for the intended operation.
4. RU blow lines from casing valves and begin blowing down casing pressure. Kill well with 2% KCl, if necessary.
5. MIT casing to 560#. If the test passes, SI the well. RD pump and MOL. If the test fails, contact the enginner at 330-4261.

ConocoPhillips

Well Name: MARSHALL A #1

Current Schematic

API/UWI 3004506550	Surface Legal Location 014-027N-009W-D	Field Name BLANCO PICTURED CLIFFS	License No.	State/Province NEW MEXICO	Well Configuration Type	Edit
Grout Elevation (ft) 0.00	Original KB/RT Elevation (ft) 0.00	KB-Grout Distance (ft) 0.00	KB-Casing Range Distance (ft)	KB-Tubing Hanger Distance (ft)		

Well Config: - Original Hole, 1/13/2012 10:34:18 AM

