

RECEIVED

SEP 16 2015

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

Farmington Field Office  
Bureau of Land Management

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

SUBMIT IN TRIPLICATE - Other instructions on page 2.

|   |  |  |
|---|--|--|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other            |  | 5. Lease Serial No.<br><b>SF-079634</b>                                      |
| 2. Name of Operator<br><b>Burlington Resources Oil &amp; Gas Company LP</b>   |  | 6. If Indian, Allottee or Tribe Name   |
| 3a. Address<br><b>PO Box 4289, Farmington, NM 87499</b>   | 3b. Phone No. (include area code)<br><b>(505) 326-9700</b> | 7. If Unit of CA/Agreement, Name and/or No.                                  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><b>UL N (SESW), 800' FSL &amp; 1800' FWL, SEC. 13, T28N, R10W</b> |  | 8. Well Name and No.<br><b>MCCLANAHAN 20</b>                                 |
|   |  | 9. API Well No.<br><b>30-045-07418</b>                                       |
|   |  | 10. Field and Pool or Exploratory Area<br><b>OTERO CHACRA / BASIN DAKOTA</b> |
|   |  | 11. Country or Parish, State<br><b>San Juan , New Mexico</b>                 |

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                |   |  |  |
|--|---|---|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off                        |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity                        |
| <input type="checkbox"/> Final Abandonment Notice    | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other <u>WELL WORKOVER</u> |
|  | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |  |
|  | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            |  |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

Burlington Resources requests permission to work on the subject per the attached procedure in an effort to determine if our downhole issues are because of a casing leak . Regulatory approval from the BLM and OCD will be received prior to any casing repairs. If cement work is required a Closed loop system will be utilized.

**BLM'S APPROVAL OR ACCEPTANCE OF THIS ACTION DOES NOT RELIEVE THE LESSEE AND OPERATOR FROM OBTAINING ANY OTHER AUTHORIZATION REQUIRED FOR OPERATIONS ON FEDERAL AND INDIAN LANDS**

**SEE ATTACHED FOR CONDITIONS OF APPROVAL**  
OIL CONS. DIV DIST. 3

SEP 24 2015

|  |   |
|--|---|
| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)<br><b>Patsy Clugston</b> | Title<br><b>Staff Regulatory Technician</b> |
| Signature<br><i>Patsy Clugston</i>   | Date<br><b>9/16/2016</b>                    |

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

|   |                      |                         |
|---|----------------------|-------------------------|
| Approved by<br><i>Abdelgadir Elmadani</i>   | Title<br><i>PE</i>   | Date<br><i>09/18/15</i> |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. | Office<br><i>PPO</i> |                         |

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

NMOCD AV

22

**ConocoPhillips  
MCCLANAHAN 20  
Expense - Repair Casing**

Lat 36° 39' 25.632" N

Long 107° 50' 57.732" W

**PROCEDURE**

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. RU slickline prior to MIRU rig and set locking three slip stop above obstruction in tubing if present.
2. MIRU workover rig. Check casing, tubing, and bradenhead pressures and record them in Wellview. **If there is pressure on the BH, contact Wells Engineer.**
3. Remove existing piping on casing valve. RU blow lines from casing valves and begin blowing down casing pressure. Kill well with 2% KCl as necessary. Ensure well is dead or on vacuum.
4. ND wellhead and NU BOPE. Pressure and function test BOP to 250 psi low and 1,000 psi over SICP high to a maximum of 2,000 psi held and charted for 10 minutes as per COPC Well Control Manual. Record pressure test in Wellview.
5. RU Tuboscope Unit to inspect tubing. TOOH with tubing (per pertinent data sheet). LD and replace any bad joints and record findings in Wellview. Make note of corrosion, scale, or paraffin and save a sample to give to the engineer for further analysis. Note: Only 2930' of production tubing will be needed.
6. PU 3-3/4" bit and string mill and make bit and mill run to the top of Dakota perforations at 6230'. TOOH and LD bit and string mill.
7. PU RBP and packer in tandem on tubing and set RBP at 6180'. Pressure test RBP to 560 psi for 30 minutes with rig pump. Ensure RBP is holding solid before proceeding. Load hole, PUH and set packer at 3200', and test below packer to 560 psi for 30 minutes with rig pump. Contact wells engineer and superintendent with results of pressure test. If pressure test failed locate the leak before proceeding. TIH and retrieve RBP and set at 2387' and test RBP, then load the hole and test the wellbore above the RBP as mentioned above. If leak is identified, locate it. TOOH w/ packer and RBP. Contact engineer and superintendent with results and discuss plan forward.
8. If casing leak is confirmed, consider running casing integrity log (caliper log and MTT) and CBL. **Note: Previous squeeze work from 610' to 790' and 3150'. Avoid putting unnecessary pressure on previous squeeze work. Contact regulatory agencies prior perforating or cementing.** If project economics allow, squeeze/plug back the wellbore as discussed with engineer and superintendent.
9. If casing integrity has been established and the Dakota has been plugged back. TIH with tubing using Tubing Drift Procedure.

**Tubing Wt/Grade:** 4.7 ppf, J-55  
**Tubing Drift ID:** 1.901"

**Land Tubing At:** 2930'  
**KB:** 12'

**Tubing and BHA Description**

|           |                        |
|-----------|------------------------|
| 1         | 2-3/8" Exp. Check      |
| 1         | 1.78" ID "F" Nipple    |
| 1         | full jt 2-3/8" tubing  |
| 1         | pup joint (2' or 4')   |
| +/- 91    | jts 2-3/8" tubing      |
| As Needed | pup joints for spacing |
| 1         | full jt 2-3/8" tubing  |

10. Ensure barriers are holding. ND BOPE, NU Wellhead. Pressure test tubing slowly with an air package as follows: pump 3 bbls pad, drop steel ball, pressure tubing up to 500 psi, and bypass air. Monitor pressure for 15 mins., then complete the operation by pumping off the expendable check. Note in Wellview the pressure in which the check pumped off. Purge air as necessary. Notify the MSO that the well is ready to be turned over to Production Operations. RDMO.

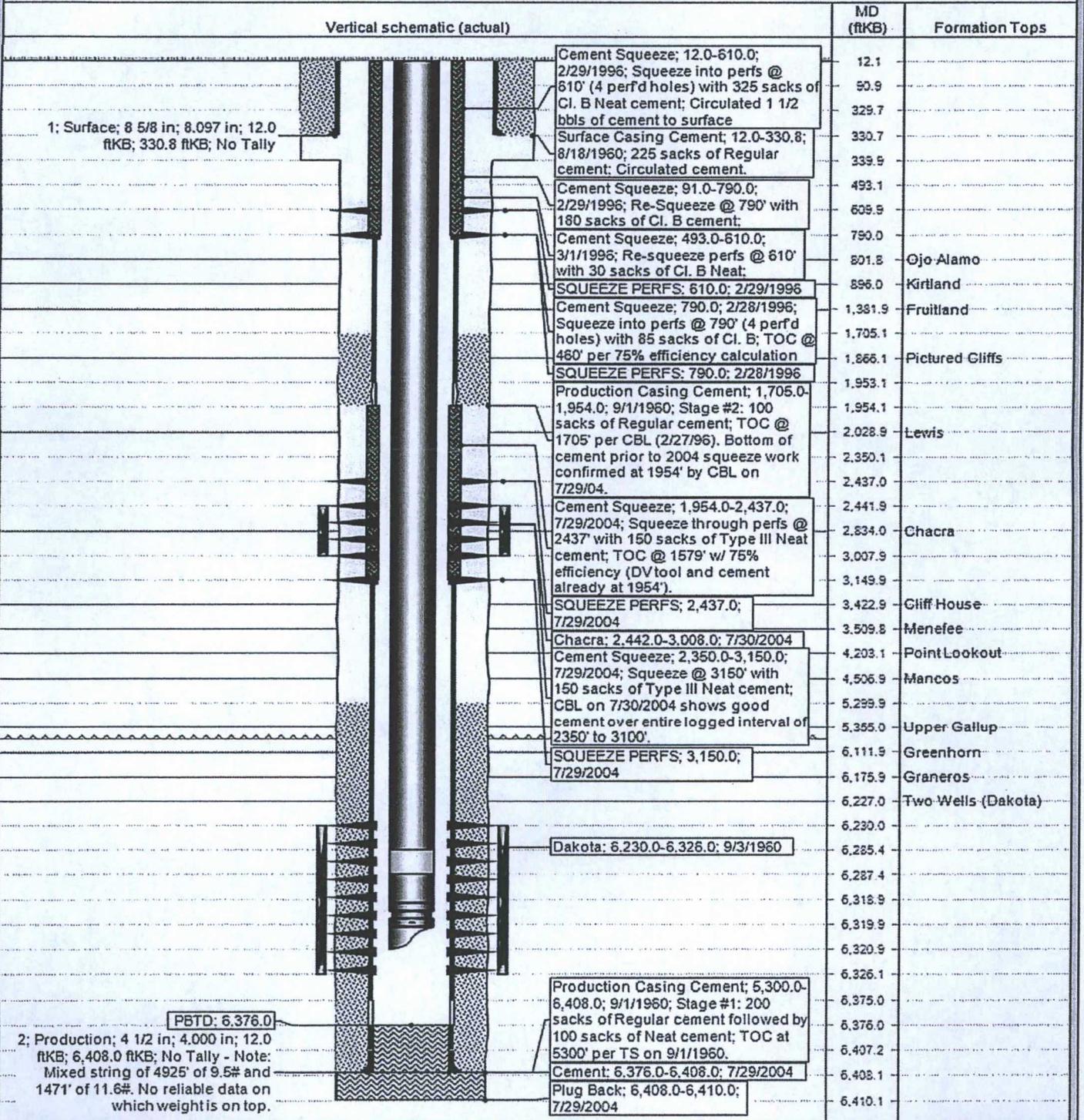


Well Name: MCCLANAHAN #20

Current Schematic - Smart Scale

|                                   |   |                                  |  |  |                         |
|-----------------------------------|---|----------------------------------|--|--|-------------------------|
| API / UWI<br>3004507418           | Surface Leg # Location<br>E00 FBL & 1300' FAL 13-022N-0-00N | Field Name<br>BSN DK (PRO GAS)   | License No.<br>#0053                       | State/Province<br>NEW MEXICO               | Well Configuration Type |
| Ground Elevation (ft)<br>5,710.00 | Original KB/RT Elevation (ft)<br>5,722.00                   | KB-Ground Distance (ft)<br>12.00 | KB-Casing Flange Distance (ft)<br>5,722.00 | KB-Tubing Hanger Distance (ft)<br>5,722.00 |                         |

Original Hole, 9/3/2015 1:07:43 PM



## **BLM CONDITION OF APPROVAL**

### ***CASING REPAIR, WORKOVER AND RECOMPLETION OPERATIONS:***

1. If casing repair operations are needed, obtain prior approval from this office before commencing repairs. If a CBL or other logs are run, provide this office with a copy.
2. After any casing repair operations, test cement squeeze to a minimum of 500# for 30 minutes with no more than 10 % pressure fall off in the 30 minute test period. Provide test chart with your subsequent report of operations
3. A properly functioning BOP and related equipment must be installed prior to commencing workover, casing repair, and/or recompletion operations.
4. **Contact this office at (505) 564-7750 prior to conducting any cementing operations**

### ***SPECIAL STIPULATIONS:***

1. **Pits will be fenced during work-over operation.**
2. **All disturbance will be kept on existing pad.**
3. **All pits will be pulled and closed immediately upon completion of the recompletion and work-over activities.**
4. **Pits will be lined with an impervious material at least 12 mils thick.**