

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



| | | | |
|----|----|----|----|
| DE | ET | CE | ES |
| | | | |

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

| | |
|---|-----------------------------------|
| 1. OGCC Operator Number: 26580 | 4. Contact Name Patsy Clugston |
| 2. Name of Operator: Burlington Resources Oil & Gas, LP | Phone: 505-326-9518 |
| 3. Address: P.O. Box 4289 City: Farmington State: NM Zip: 87499 | Fax: 505-599-4062 |
| 5. API Number 05-067-09810 | OGCC Facility ID Number |
| 6. Well/Facility Name: Allison Unit Com | 7. Well/Facility Number 149H |
| 8. Location (Qtr/Tr, Sec, Twp, Rng, Meridian): Surface - NWNW, 330 FNL & 165 FWL, Sec. 7, T32N, R6W | |
| 9. County: San Juan Co., NM (surface) | 10. Field Name: Ignacio Blanco FC |
| 11. Federal, Indian or State Lease Number: FEE | |

Complete the Attachment Checklist

OP OGCC

| | | |
|----------------------|---|--|
| Survey Plat | | |
| Directional Survey | | |
| Surface Eqpm Diagram | | |
| Technical Info Page | X | |
| Other Revised Plat | | |

General Notice

| | | | | | |
|--|---|---------|---------|--|--|
| <input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit) | | | | | |
| Change of Surface Footage from Exterior Section Lines: | <table border="1"><tr><td>FNL/FSL</td><td>FEL/FWL</td></tr><tr><td></td><td></td></tr></table> | FNL/FSL | FEL/FWL | | |
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| | | | | | |
| Change of Bottomhole Footage from Exterior Section Lines: | <table border="1"><tr><td>FNL/FSL</td><td>FEL/FWL</td></tr><tr><td></td><td></td></tr></table> | FNL/FSL | FEL/FWL | | |
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| FNL/FSL | FEL/FWL | | | | |
| | | | | | |
| Bottomhole location Qtr/Tr, Sec, Twp, Rng, Mer | | | | | |
| Latitude | Distance to nearest property line | | | | |
| Longitude | Distance to nearest bldg, public rd, utility or RR | | | | |
| Ground Elevation | Distance to nearest lease line | | | | |
| | Is location in a High Density Area (rule 603b)? Yes/No | | | | |
| | Distance to nearest well same formation | | | | |
| | Surface owner consultation date: | | | | |
| GPS DATA: | | | | | |
| Date of Measurement PDOP Reading Instrument Operator's Name | | | | | |
| <input type="checkbox"/> CHANGE SPACING UNIT | <input type="checkbox"/> Remove from surface bond | | | | |
| Formation Formation Code Spacing order number Unit Acreage Unit configuration | Signed surface use agreement attached | | | | |
| <input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): | <input type="checkbox"/> CHANGE WELL NAME | | | | |
| Effective Date: | From: | | | | |
| Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual | To: | | | | |
| | Effective Date: | | | | |
| <input type="checkbox"/> ABANDONED LOCATION: | <input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS | | | | |
| Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date well shut in or temporarily abandoned: | | | | |
| Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Date Ready for Inspection: | MIT required if shut in longer than two years. Date of last MIT | | | | |
| <input type="checkbox"/> SPUD DATE: | <input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set) | | | | |
| <input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK | | | | | |
| *submit cbl and cement job summaries | | | | | |
| Method used | Cementing tool setting/perf depth | | | | |
| Cement volume | Cement top | | | | |
| Cement bottom | Date | | | | |
| <input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. | | | | | |
| Final reclamation will commence on approximately | | | | | |
| <input type="checkbox"/> Final reclamation is completed and site is ready for inspection. | | | | | |

Technical Engineering/Environmental Notice

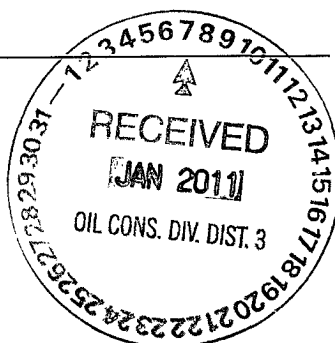
| | | |
|---|---|--|
| <input type="checkbox"/> Notice of Intent | <input checked="" type="checkbox"/> Report of Work Done | |
| Approximate Start Date: | Date Work Completed: 11/30/10 | |
| Details of work must be described in full on Technical Information Page (Page 2 must be submitted.) | | |
| <input type="checkbox"/> Intent to Recomplete (submit form 2) | <input type="checkbox"/> Request to Vent or Flare | <input type="checkbox"/> E&P Waste Disposal |
| <input type="checkbox"/> Change Drilling Plans | <input type="checkbox"/> Repair Well | <input type="checkbox"/> Beneficial Reuse of E&P Waste |
| <input type="checkbox"/> Gross Interval Changed? | <input type="checkbox"/> Rule 502 variance requested | <input type="checkbox"/> Status Update/Change of Remediation Plans |
| <input type="checkbox"/> Casing/Cementing Program Change | <input checked="" type="checkbox"/> Other: Completion Detail Sundry | for Spills and Releases |

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Patsy Clugston Date: 12/30/10 Email: Patsy.L.Clugston@conocophillips.com
Print Name: Patsy Clugston Title: Sr. Regulatory Specialist

COGCC Approved: Title Date:

CONDITIONS OF APPROVAL, IF ANY:



TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

| | | | |
|--|---|-----------------------|--------------|
| 1. OGCC Operator Number: | 26580 | API Number: | 05-067-09810 |
| 2. Name of Operator: | Burlington Resources Oil & Gas OGCC Facility ID # | | |
| 3. Well/Facility Name: | Allison Unit Com | Well/Facility Number: | 149H |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): | NWNW 330 FNL & 165' FWL, Sec. 21, T32N, R6W | | |

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

11/15/10 MIRU AWS #731. ND WH, NU BOP - PT-OK. 11/16/10. PT casing to 2000#/15 min. OK. 11/17/10 RIH, released & POH w/RBPs and gauges @ 2850 & 2760'. Kill well with water. 11/19/10 RIH & tagged both middle and bottom liner tops. PU. RD & Released pump truck. Flow tested well 11/21/10. Flowed well to C/O for 3 days. 11/23/10. RIH w/2-3/8", 4.7# J-55 tubing (112 jts & 1 sliding sleeve jt.) Landed tubing @ 3520' w/R Nipple @ 3519' and sliding sleeve @ 2577'. ND BOP, NU WH. PT tubing. Pumped off check. RD & released rig. 11/30/10.