| ONITED STATES |     |     |      |    |     |     |    |
|---------------|-----|-----|------|----|-----|-----|----|
| DEPARTME      | TNE | OF  | TH   | E  | INT | ERI | OR |
| BUREAU        | OF  | LAI | ND : | MA | NAG | EME | NT |

|       |                                   | 200 803 100                                       |                |                                   |
|-------|-----------------------------------|---|----------------|-----------------------------------|
|       | Sundry Not                        | ces and Reports on Wells                          |                |                                   |
|       |                                   | C. Carrier  | 5.             | Lease Number<br>SF-080674         |
| . Туј | pe of Well<br>GAS                 | 678   | 6.             | If Indian, All. or<br>Tribe Name  |
|       |                                   |   | , 7.           | Unit Agreement Name               |
| . Na  | me of Operator                    | 0000  | 3              | <b>.</b>                          |
|       | BURLINGTON                        | NOV 2000  | <b>5</b>       |                                   |
|       | PECOLIDEES                        | & GAS COMPAN                                      | 8.             |                                   |
|       | dress & Phone No. of Opera        |   | 9.             | San Juan 27-4 U #149 API Well No. |
| Ъ     | O Box 4289, Farmington, NM        | 87499 (303) 320-3700                              | ٠,٠            | 30-039-26267                      |
|       | cation of Well, Footage, S        | 10.   | Field and Pool |                                   |
| 20    | 20'FSL, 2500'FWL, Sec.22,         | T-27-N, R-4-W, NMPM                               | 11.            | Blanco Mesaverde County and State |
|       |                                   |   |                | Rio Arriba Co, NM                 |
|       |                                   | TO THE NAMED OF NOMICE DEPORTED                   | OMITED         | DATIA                             |
|       |                                   | DICATE NATURE OF NOTICE, REPORT<br>Type of Action | , OTHER        | DATA                              |
| .1.3  | pe of Submission Notice of Intent |   | re of Pl       | ans                               |
|       | Notice of intent                  | <del></del>                                       | Construc       |                                   |
|       | X Subsequent Report               | <del></del>                                       |                | Fracturing                        |
|       | n_ bubbequene Repere              |   | Shut c         |                                   |
|       | Final Abandonment                 | Altering Casing Conve                             |                |                                   |
|       |                                   | _X_ Other - Spud                                  |                |                                   |
| 13.   | Describe Proposed or Comp         | oleted Operations                                 |                | <del></del>                       |
|       |                                   |   |                |                                   |
|       | 8-21-00 MIRU. Spud well           | @ 5:00 p.m. 8-21-00. Drill to 3                   | 337'. Ci       | rc hole clean. TOOH.              |
|       | TIH w/7 jts 9                     | 5/8" 32.3# WC-50 ST&C csg, set                    | @ 321'.        | Pump 20 DDI WET                   |
|       |                                   | 220 sx Class "B" neat cmt w/3%                    |                |                                   |
|       |                                   | cu.ft.). Displace w/22 bbl wtr.                   | CIIC 22        | bbi cuit to surface.              |
|       | WOC.                              | csg to 600 psi/30 min, OK. Dri                    | illing a       | ahead                             |
|       | 8-22-00 NO BOP. PT BOP (          | csg to boo psi/30 min, ok. Dr.                    | iiiing (       | ilicaa.                           |
|       |                                   |   |                |                                   |
|       |                                   |   |                |                                   |
|       |                                   |   |                |                                   |
|       |                                   |   |                |                                   |
|       | APD ROW related                   |   |                |                                   |
|       |                                   |   |                |                                   |
|       |                                   |   |                |                                   |
| 14.   | I hereby certify that th          | e foregoing is true and correct                   | •              |                                   |
| -     |                                   |   | AC(            | בסביבים ביים מביים מון            |
| Sign  | ed Wally all                      | Title Regulatory Superviso                        | <u>r</u> D     | ate 8/22/00                       |
| n     | 0                                 |   |                | NOV 0 2 2000                      |
|       | s space for Federal or Sta        |   | Dat-           |                                   |
|       | OVED BY                           | Title   | Date FA        | RMINGTON FIELD OFFICE             |
| CONI  | ITION OF APPROVAL, if any:        |   | B)             |                                   |