

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator <b>BURLINGTON RESOURCES</b> OIL &amp; GAS COMPANY</p> <hr/> <p>3. Address &amp; Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 1350' FSL, 1950' FWL, Sec. 26, T-26-N, R-10-W, NMPM</p>	<p>5. Lease Number NMSF078001B</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name Huerfano Unit</p> <p>8. Well Name &amp; Number Huerfano Unit #127E</p> <p>9. API Well No. 30-045-30550</p> <p>10. Field and Pool Basin Dakota</p> <p>11. County and State San Juan Co, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<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
	<input checked="" type="checkbox"/> Other - casing, & cement	

13. Describe Proposed or Completed Operations

3/6/02 Drill to TD @ 6860'. Circ hole clean. TOOH.

3/7/02 TIH w/168 jts 4-1/2" 10.5# J-55 ST&C csg, set @ 6858'. Stage tool set @ 4488'. Cmdt 1<sup>st</sup> stage w/555 sxs 50/50 Class G poz w/0.1% D-20, 0.25 pps cellophane, 5 pps D-24, 0.25% D-167, 0.15% D-65, 0.10% D-800, 0.10% D-46 (799 cu. Ft.). Circ 45 bbls cmt to surface. Cmdt 2<sup>nd</sup> stage w/795 sxs Class G/TXI w/0.25 pps cellophane, 5 pps D-24, 2% calcium chloride, 0.2% D-46, 2.5% D-79 (2051 cu. Ft.). Circ 175 bbls cmt to surface. ND BOP. NU WH. RD. Rig released.

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

Signed *Regulatory Supervisor* Title Regulatory Supervisor Date 3/8/02

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes 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.

