

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE

(See other in-
structions on
reverse side)

FOR APPROVED
OMB NO. 1004-0137

Expires: December 31, 1991

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other ☐		5. LEASE DESIGNATION AND SERIAL NO. SF-079520A																									
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR ☒ Other ☐		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																									
2. NAME OF OPERATOR BURLINGTON RESOURCES OIL & GAS COMPANY		7. UNIT AGREEMENT NAME San Juan 28-5 Unit																									
3. ADDRESS AND TELEPHONE NO. PO BOX 4289, Farmington, NM 87499 (505) 326-9700		8. FARM OR LEASE NAME, WELL NO. San Juan 28-5 U #94																									
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1190'FSL, 1480'FEL, At top prod. interval reported below At total depth DHC-1467		9. API WELL NO. 30-039-20971																									
10. FIELD AND POOL, OR WILDCAT Blanco MV/Basin DK		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 25, T-28-N, R-5-W																									
14. PERMIT NO. DATE ISSUED		12. COUNTY OR PARISH Rio Arriba																									
13. STATE New Mexico		15. DATE SPUDDED 9-5-77																									
16. DATE T.D. REACHED 9-18-77		17. DATE COMPL. (Ready to prod.) 8-7-97																									
18. ELEVATIONS (DF, RKB, RT, BR, ETC.)* 7009 GR		19. ELEV. CASINGHEAD																									
20. TOTAL DEPTH, MD & TVD 8424		21. PLUG, BACK T.D., MD & TVD 8416																									
22. IF MULTIPLE COMPL. HOW MANY* 2		23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS																									
24. PRODUCTION INTERVAL (S) OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)* 5625-6391 Mesaverde Commingled w/Dakota		25. WAS DIRECTIONAL SURVEY MADE																									
26. TYPE ELECTRIC AND OTHER LOSS RUN CBL-CCL-GR		27. WAS WELL CORED No																									
28. CASING RECORD (Report all strings set in well)																											
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31. PERFORATION RECORD (Interval, size and number)																											
5625, 5645, 5679, 5702, 5717, 5727, 5738, 5745, 5754, 5760, 5771, 5792, 5824, 5840, 5848, 5852, 5866, 5913, 5921, 5931, 5936, 5942, 5947, 5951, 6004, 6088, 6099, 6110, 6114, 6126, 6135, 6145, 6149, 6160, 6171, 6178, 6208, 6214, 6246, 6256, 6258, 6308, 6310, 6349, 6365.																											
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.																											
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33. PRODUCTION																											
DATE FIRST PRODUCTION 8-7-97																											
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing																											
WELL STATUS (Producing or shut-in) SI																											
DATE OF TEST 8-7-97																											
HOURS TESTED																											
CHOKE SIZE																											
PROD'N FOR TEST PERIOD																											
OIL-BBL																											
GAS-MCF																											
WATER-BBL																											
GAS-OIL RATIO																											
FLOW. TUBING PRESS.																											
CASING PRESSURE																											
CALCULATED 24-HOUR RATE																											
OIL-BBL																											
GAS-MCF																											
WATER-BBL																											
OIL GRAVITY-API (CORR.)																											
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) To be sold																											
TEST WITNESSED BY																											
35. LIST OF ATTACHMENTS None																											
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records																											
SIGNED <u>[Signature]</u> TITLE Regulatory Administrator																											
DATE 8-15-97 AUG 19 1997																											

*(See Instructions and Spaces for Additional Data on Reverse Side)

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

NMOCD

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If log filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, tops, bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORDED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAN. DEPTH	TRUE VERT. DEPTH
				M.V.	5712	
				P.L.	6086	
				Gal.	7094	
				Greenhorn	8063	
				Gran.	8132	
				Dak.	8245	
			Perforations continued: 6367, 6389, 6391			