

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

200 SEP 25 PM 1:50

1. Type of Well
GAS

070 FARMINGTON, NM

5. Lease Number
SF-079522
6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

2. Name of Operator

**BURLINGTON
RESOURCES**

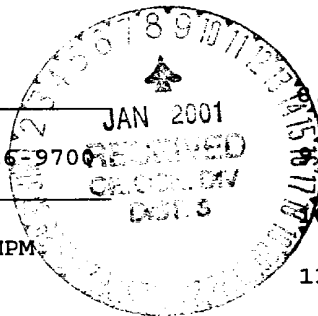
OIL & GAS COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

1750' FSL, 790' FEL, Sec.34, T-28-N, R-5-W, NMPM



San Juan 28-5 Unit
Well Name & Number
San Juan 28-5 U #71M
API Well No.
30-039-26253
10. Field and Pool
Blanco MV/Basin DK
11. County and State
Rio Arriba Co, NM

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 -	

13. Describe Proposed or Completed Operations

Attached is the correct C-102 plat for the subject well showing the Dakota dedication of: Section 34: Lot 2, N/2 SE/4, NE/4 and Section 35: NW/4 NW/4 according to Oil Conservation Division Order R-2948. The Mesaverde dedication is the South half of Section 34.

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

Signed [Signature] Title Regulatory Supervisor

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

Date JAN 03 2001

FARMINGTON FIELD OFFICE
BY [Signature]

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

DISTRICT I
P.O. Box 1980, Hobbs, N.M. 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, N.M. 88211-0719

DISTRICT III
1000 Rio Brazos Rd., Aztec, N.M. 87410

DISTRICT IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-102
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, NM 87504-2088

200 SEP 25 PM 1:50

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

070 FARMINGTON, NM

¹ API Number 30-039-26253	² Pool Code 72319/71599	³ Well Name Blanco Mesaverde/Basin Dakota
⁴ Property Code 7460	⁵ Property Name SAN JUAN 28-5 UNIT	⁶ Well Number 71M
⁷ GRID No. 14538	⁸ Operator Name BURLINGTON RESOURCES OIL & GAS COMPANY	⁹ Elevation 6686'

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
1	34	28-N	5-W		1750	SOUTH	790	EAST	RIO ARriba

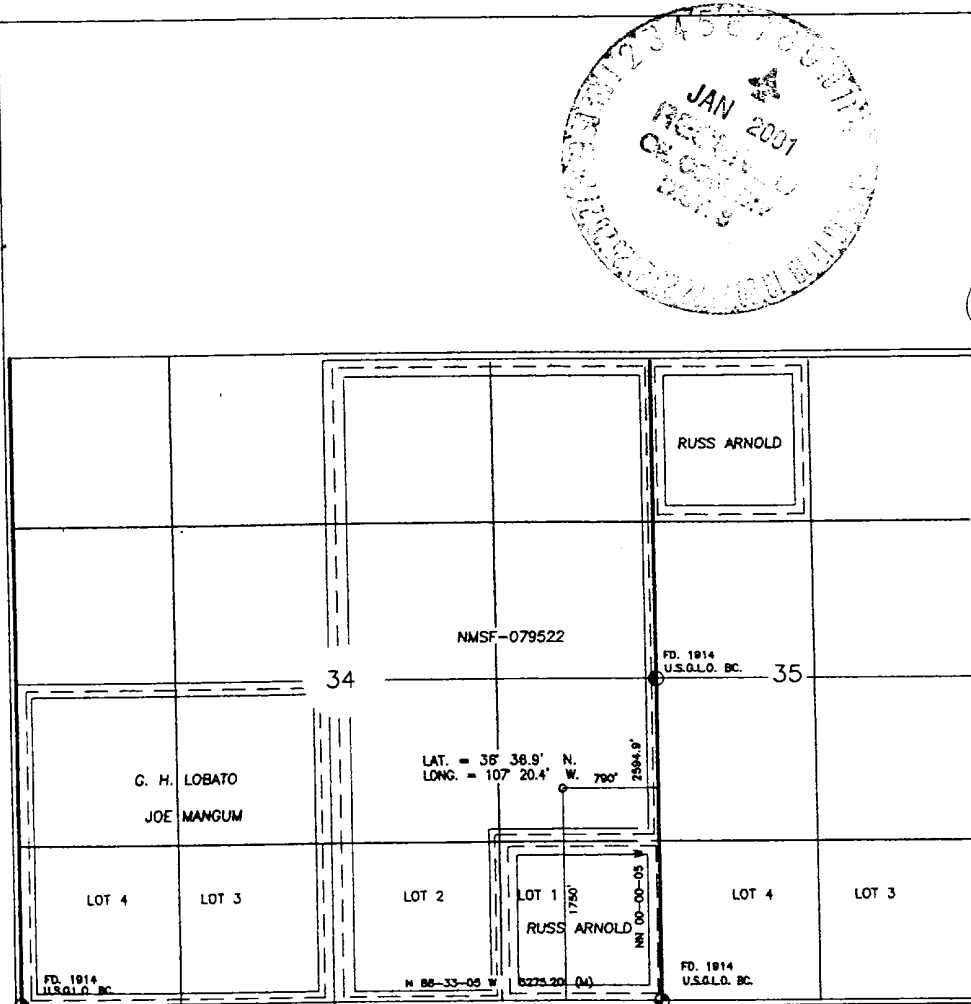
¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres MV-S/343.60 DK-326.42	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No. R-2948 Dakota
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

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17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Peggy Cole
Signature

Peggy Cole
Printed Name

Regulatory Supervisor
Title

9-25-00
Date

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief.

9-25-00
Date of Survey

Signature and Seal of Professional Surveyor

[Signature]
Professional Surveyor

8894
Certificate Number