

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

OCT 2001

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: UNKNOWN OTH		5. Lease Serial No. SF-078081
2. Name of Operator BURLINGTON RESOURCES OIL & GAS		6. If Indian, Allottee or Tribe Name
Contact: PEGGY COLE E-Mail: pbradfield@br-inc.com		7. If Unit or CA/Agreement, Name and/or No. HUERFANITO UNIT
3a. Address 3401 EAST 30TH FARMINGTON, NM 87402	3b. Phone No. (include area code) Ph: 505.326.9727 Fx: 505.326.9563	8. Well Name and No. HUERFANITO UNIT NP 32
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T27N R9W Mer NWNW 990FNL 990FWL		9. API Well No. 30-045-06181
		10. Field and Pool, or Exploratory BALLARD PC/BASIN FT COAL
		11. County or Parish, and State SAN JUAN COUNTY, NM

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

It is intended to recompleate the subject Fruitland Coal well to the Pictured Cliffs formation. The well was plugged back to the Fruitland Coal in 1990 and will not produce at this time. The CIBP above the Pictured Cliffs at 2296' will be drilled out. The open hole will be cleaned out to total depth and 2-7/8", 6.50#, J-55 casing will be run to +/-2363'. The 2-7/8" casing will be cemented from TD to surface with 248 sx Class B cement. The Pictured Cliffs will then be selectively perforated and fracture stimulated. The well will then be returned to production as a Pictured Cliffs tubingless completion. Revised C-102 plat attached.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #7141 verified by the BLM Well Information System For BURLINGTON RESOURCES OIL &amp; GAS, sent to the Farmington Committed to AFMSS for processing by Lucy Bee on 09/21/2001 ()</b>	
Name (Printed/Typed) PEGGY COLE	Title REPORT AUTHORIZER
Signature	Date 09/21/2001

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date 10/3/01
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

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NMOCD

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-102

Revised February 21, 1994

Instructions on back

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-045-06181		2 Pool Code 71629/71439		3 Pool Name Basin Fruitland Coal/Ballard Pictured Cliffs	
4 Property Code 15125		5 Property Name Huerfanito Unit NP			6 Well Number 32
7 OGRID No. 14538		8 Operator Name Burlington Resources Oil & Gas Company, LP			9 Elevation 6485' GR

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
D	33	27N	9W		990	North	990	West	San Juan

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 FC:W/320 PC:KW/160	13 Joint or Infill	14 Consolidation Code	15 Order No.
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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

	Original plat from Neale C. Edwards, 5/17/1990.	<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</p> <p><i>Peggy Cole</i></p> <p>Signature Peggy Cole Printed Name Regulatory Supervisor Title 4-21-01 Date</p>
		<p>18 SURVEYOR CERTIFICATION</p> <p>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.</p> <p>Date of Survey Signature and Seal of Professional Surveyor:</p>
		Certificate Number