

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

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
990' FSL, 1650' FWL, Sec.21, T-27-N, R-9-W, NMPM

5. Lease Number
NMNM-011393

6. If Indian, All. or Tribe Name

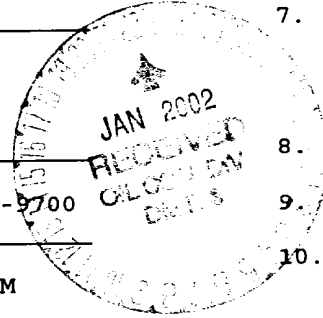
7. Unit Agreement Name

8. Well Name & Number
Cleveland #4

9. API Well No.
30-045-06328

10. Field and Pool
Basin Fruitland Coal/
Fulcher Kutz Pict Cliffs

11. County and State
San Juan Co, NM



12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" 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 - Commingle	

13. Describe Proposed or Completed Operations

It is intended to recomplate the Fruitland Coal formation in the subject well as follows:

Pull tubing. Set a cast iron bridge plug at approximately 2080'. Run a cement bond log across the Fruitland Coal interval. Perforate Fruitland Coal at approximately 1940-2070'. Fracture treat perforations with linear gel and foam in one stage. Flow back and clean up after stimulation. Drill out cast iron bridge plug and clean out well to plug back total depth. Land tubing at approximately 2220'. Return well to production. The well will be commingled. A down hole commingle application will be submitted.

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

Signed [Signature] (BGFTC1) Title Regulatory Supervisor Date 1/8/02

(This space for Federal or State Office use) JAN 18 2002

APPROVED BY /s/ Jim Lovato 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 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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District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 15, 2000
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-045-06328		² Pool Code 71629/77200		³ Pool Name Basin Fruitland Coal/Fulcher Kutz Pictured Cliffs	
⁴ Property Code 6916		⁵ Property Name Cleveland			⁶ Well Number 4
⁷ OGRID No. 14538		⁸ Operator Name Burlington Resources Oil & Gas Company LP			⁹ Elevation 6245' 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
N	21	27N	9W		990'	South	1650'	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 FTC - W/320 PC - 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

¹⁶ 	<p>Original plat from Stephen H. Kinney 4-22-55</p>	<p>¹⁷ OPERATOR CERTIFICATION 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> Signature</p> <p>Peggy Cole Printed Name</p> <p>Regulatory Supervisor</p> <p>Title</p> <p>Date 1-14-01</p>
		<p>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.</p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p> <p>Certificate Number</p>

