

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

850' FSL, 1120' FEL, Sec. 22, T-28-N, R-8-W, NMPM

5. Lease Number  
NM-013861

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Grambling A #2A

9. API Well No.  
30-045-23817

10. Field and Pool  
Otero Chacra/  
Blanco Mesaverde

11. County and State  
San Juan Co, NM

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

Type of Submission

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment

Type of Action

☐ Abandonment  
☒ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☒ Altering Casing  
☒ Other - Commingle  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut off  
☐ Conversion to Injection

13. Describe Proposed or Completed Operations

12-8-01 MIRU. SDON.  
12-9-01 ND WH. NU BOP. TOOH w/tbg. TIH w/CIBP, set @ 3816'. Load csg w/wtr. PT csg to 1000 psi, OK. Pump 13 bbl 15% HCl across Chacra interval. SD.  
12-11-01 TOOH. TIH, ran CBL-CCL-GR @ 2452-3806', TOC @ 2452' (top of lnr). TOOH. TIH, perf Chacra w/1 SPF @ 2923-2925', 2984-2992', 3040-3048', 3111-3119', 3226-3234', 3265-3273', 3346-3354', 3376-3384', 3407-3715', 3481-3489', 3552-3560', 3605-3613' w/60 0.3" diameter holes total. TOOH. TIH w/RBP & pkr. Acidize w/2000 gal 15% HCl. TOOH w/RBP & pkr. SDON.  
12-12-01 TIH, frac Chacra w/20# linear gel, 200,000# 20/40 Arizona sd. CO after frac.  
12-13-01 TOOH. TIH w/3 7/8" mill. Blow well & CO.  
12-14-01 Blow well & CO. Mill out CIBP @ 3816'. TIH, blow well & CO to PBTD @ 4936'.  
12-15-01 Blow well & CO.  
12-16-01 Blow well & CO. TOOH w/mill. TIH w/152 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 4834'. ND BOP. NU WH. RD. Rig released.

Well will produce as a Chacra/Mesaverde commingle under DHC-419az

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

Signed  
no

Title Regulatory Supervisor

ACCEP Date 12/20/01 RECORD

(This space for Federal or State Office use)

APPROVED BY

Title

Date

DEC 27 2001

CONDITION OF APPROVAL, if any:

K