

Charlie,

A packer test is not needed
on this well as the DK
was plugged last year.

Thanks!

Samya 8/1/00

OIL CONSERVATION DIVISION

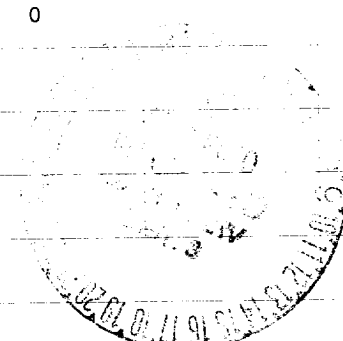
API # 30-045-10119

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Revised 10/01/78

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

30-045-10119

Operator	BURLINGTON RESOURCES OIL & GAS CO.			Lease	HALE	Well No.	4			
Location of Well:	Unit	H	Sect	34	Twp.	031N	Rge.	008W	County	SAN JUAN
NAME OF RESERVOIR OR POOL			TYPE OF PROD.			METHOD OF PROD.		PROD. MEDIUM		
			(Oil or Gas)			(Flow or Art. Lift)		(Tbg. or Csg.)		
Upper Completion	MESAVERDE			Gas			Flow		Tubing	
Lower Completion	DAKOTA			Gas			Flow		Tubing	
PRE-FLOW SHUT-IN PRESSURE DATA										
Upper Completion	Hour, date shut-in	Length of time shut-in		SI press. psig		Stabilized? (Yes or No)				
	07/24/2000	72 Hours		0						
Lower Completion	07/24/2000	24 Hours		0						
FLOW TEST NO. 1										
Commenced at (hour,date)*	07/25/2000			Zone producing (Upper or Lower)			LOWER			
TIME	LAPSED TIME	PRESSURE		PROD. ZONE		REMARKS				
(hour,date)	SINCE*	Upper Completion	Lower Completion	TEMP						
07/26/2000	48 Hours	0	0			well is plugged - See attached Sunday notice				
07/27/2000	72 Hours	0	0							



Production rate during test

Oil: BOPD based on Bbls. in Hours. Grav. GOR

Gas: MCFPD; Tested thru (Orifice or Meter):

MID-TEST SHUT-IN PRESSURE DATA				
Upper Completion	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Completion	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

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FLOW TEST NO. 2

Commenced at (hour, date)**				Zone producing (Upper or Lower):	
TIME / (hour, date)	LAPSED TIME SINCE **	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours _____ Grav. _____ GOR _____

Gas: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

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

Approved _____ 19 _____

New Mexico Oil Conservation Division

Operator Burlington ResourcesBy *Delano Dwyer*

By _____

Title Operations Associate

Title _____

Date Tuesday, August 01, 2000

NORTHWEST NEWMEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to lack of a pipeline connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except

that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day tests: immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-01-78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED
2000

JUL 15 PM 2:19

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

2055' FNL, 405' FEL, Sec. 34, T-31-N, R-8-W, NMPM

Lease Number
SF-079037

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Hale #4

9. API Well No.
30-045-10119

10. Field and Pool
Blanco MV/Basin DK

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 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 checked="" 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 - tubing repair	

13. Describe Proposed or Completed Operations

10-8-99 MIRU. NU WH. NU BOP. Attempt to TOOH w/2-3/8" tbg. Stuck pipe. Spot 750 gal 15% HCL. SD for weekend.

10-11-99 TIH, chemical cut tbg @ 5547'. TOOH w/2-3/8" tbg. TIH w/fishing tools. Engage fish @ 5547'. TOOH w/fish. SDON.

10-12-99 TIH w/CIBP set @ 7450'. TOOH. TIH w/174 jts 2-3/8" 4.7# J-55 tbg, set @ 5454'. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 10/13/99

TLW

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date

ACCEPTED FOR RECORD

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes 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.

OCT 18 1999

OPERATOR

FIELD OFFICE