

District I - (505) 393-6161

P. O. Box 1980
Hobbs, NM 88241-1980

District II - (505) 748-1283

811 S. First
Aitesia, NM 88210

District III - (505) 334-6178

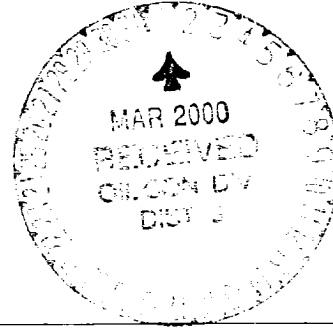
1000 Rio Brazos Road
Aztec, NM 87410

District IV - (505) 827-7131

New Mexico
Energy Minerals and Natural Resources Department
Oil Conservation Division
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

Form C-140
Revised 06/99

Submit Original
Plus 2 Copies
to appropriate
District Office



**APPLICATION FOR
WELL WORKOVER PROJECT**

I. Operator and Well

Operator name and address		Burlington Resources Oil and Gas P.O. Box 4289 Farmington, NM 87499		OGRID Number	014538			
Contact Party		Peggy Cole		Phone	(505) 326-9700			
Property Name		Well Number		API Number				
TURNER		4		300451178900				
UL	Section	Township	Range	Feet From The	North/South Line	Feet From The	East/West Line	County
N	07	030N	009W	1027	FSL	1563	FWL	SAN JUAN

II. Workover

Date Workover Commenced	Previous Producing Pool(s) (Prior to Workover)
5/6/99	
Date Workover Completed	BLANCO PC
8/6/68	

III. Attach a description of the Workover Procedures performed to increase production

IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

V. AFFIDAVIT

State of New Mexico)
) ss.
County of San Juan)

Peggy Cole, being first duly sworn, upon oath states:

1. I am the operator, or authorized representative of the Operator, of the above-reference Well.
2. I have made, or caused to be made, a diligent search of the production records reasonably available for this Well.
3. To the best of my knowledge, this application and the data used to prepare the production curve and/or table for this Well are complete and accurate.

Signature Peggy Cole Title Reg. Administrator Date 2-23-00
SUBSCRIBED AND SWORN TO before me this 23 day of Feb, 2000.
My Commission expires: 6/11/03 Mae Benallegan
Notary Public

FOR OIL CONSERVATION DIVISION USE ONLY:

VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-reference well is designated a Well Workover Project and the Division hereby verifies the data shows positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on 8/6/99

Signature District Supervisor SSJ OCD District 3 Date 4/17/00

VII. COPIES OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT

Sundry Notices and Reports on Wells

JUN 19 99 9:02

1. Type of Well
GAS

5. Lease Number
SF-078128
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

1027' FSL 1563' FWL, Sec. 7, T-30-N, R-9-W, NMMPM

8. Well Name & Number

Turner #4

9. API Well No.

30-045-11789

10. Field and Pool

Blanco Pictured Clif

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

☐ Notice of Intent

☐ Abandonment

☐ Change of Plans

☒ Subsequent Report

☐ Recompletion

☐ New Construction

☐ Final Abandonment

☐ Plugging Back

☐ Non-Routine Fracturing

☐ Casing Repair

☐ Water Shut off

☐ Altering Casing

☐ Conversion to Injection

☒ Other - Restimulate

13. Describe Proposed or Completed Operations

5-6-99 MIRU. ND WH. NU BOP. TOOH w/1 1/4" tbg. TIH w/RBP, set @ 2930'. SDON.
5-7-99 PT 3 1/2" csg to 3500 psi/15 min, OK. Rls RBP & TOOH. ND BOP. NU frac
valve. RD. Rig released.
5-21-99 RU. PT lines to 4500 psi, OK. Frac PC w/473 bbl 20# linear gel,
639,990 SCF N2, 175,000# 20/40 AZ snd. RD. Flow back well.
5-22/25-99 Flow back well. Shut-in well. WO bailer.
6-8-99 Flow back well. TIH w/bailer. Bail snd @ 3020'. Flow well.
TOOH w/bailer. RD. Well turned over to production.

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

Signed [Signature] Title Regulatory Administrator Date 6/17/99
TLW

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date JUN 19 1999

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.

OPERATOR

COMP_NAME	TOW_ID	USER_XREF	DISP_MO	GRS_GAS
TURNER 4	5171301	51713A	11/30/98	505.93
TURNER 4	5171301	51713A	12/31/98	43.3
TURNER 4	5171301	51713A	1/31/99	204.08
TURNER 4	5171301	51713A	2/28/99	328.28
TURNER 4	5171301	51713A	3/31/99	302.11
TURNER 4	5171301	51713A	4/30/99	216.72
TURNER 4	5171301	51713A	5/31/99	3.1
TURNER 4	5171301	51713A	6/30/99	2660.77
TURNER 4	5171301	51713A	7/31/99	4836.3
TURNER 4	5171301	51713A	8/31/99	3547.12
TURNER 4	5171301	51713A	9/30/99	2833.32
TURNER 4	5171301	51713A	10/31/99	2689.3
TURNER 4	5171301	51713A	11/30/99	2563.72
TURNER 4	5171301	51713A	12/31/99	2358.92

MAN	DP NO	PRODNL	DISP	Volume
10	51713A	199801	00	1291.13
10	51713A	199802	00	1186.24
10	51713A	199803	00	1250.94
10	51713A	199804	00	1096.04
10	51713A	199805	00	849.972
10	51713A	199806	00	736.250
10	51713A	199807	00	549.982
10	51713A	199808	00	347.047
10	51713A	199809	00	692.134
10	51713A	199810	00	204.895