

District I - (505) 393-6161

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

District II - (505) 748-1283

811 S. First
Artesia, NM 88210

District III - (505) 334-6178

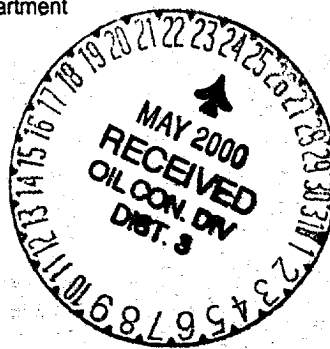
1000 Rio Brazos Road
Aztec, NM 87410

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 KING				Well Number 2	API Number 300452104900			
UL I	Section 22	Township 030N	Range 010W	Feet From The 1645	North/South Line FSL	Feet From The 840	East/West Line FEL	County SAN JUAN

II. Workover

Date Workover Commenced 10/12/99	Previous Producing Pool(s) (Prior to Workover) BLANCO PICTURED CLIFFS
Date Workover Completed 11/1/99	

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 5-19-00

SUBSCRIBED AND SWORN TO before me this 19 day of May, 2000

My Commission expires: 6/11/03

Mae Benallygn
Notary Public

OR 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 11/1/99

Signature District Supervisor <u>SSS</u>	OCD District <u>3</u>	Date <u>7/7/00</u>
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VII. OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT _____

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

93 NOV -8 PM 2:56

Sundry Notices and Reports on Wells

070 FARMINGTON, NM

1. Type of Well
GAS

Lease Number
SF-078207
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

1645' FSL, 840' FEL, Sec. 22, T-30-N, R-10-W, NMPM

8. Well Name & Number
King #2

9. API Well No.
30-045-21049

10. Field and Pool
Blanco Pictured 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

☐ 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

10-12-99 RU. PT csg to 3700 psi, OK. RD.

10-25-99 RU. PT lines to 5000 psi, OK. Frac PC w/403 bbl 35# lnr gel, 176,000#
20/40 AZ snd, 483,000 SCF N2. Flow back well.

10-26/29-99 Flow back well. Shut-in well. WO bailer.

10-30-99 TIH w/bailer. Bail sand to 3035'. Flow well.

10-31-99 Flow back well.

11-1-99 Flow back well. Bail sand to 3029'. 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 11/3/99

TLW

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date

NOV 18 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	OWN ID	USER XREF	DISP MO	GRS GAS
KING 2	4428201	44282A	11/30/98	647.13
KING 2	4428201	44282A	12/31/98	644.26
KING 2	4428201	44282A	1/31/99	610.93
KING 2	4428201	44282A	2/28/99	888.07
KING 2	4428201	44282A	3/31/99	739.35
KING 2	4428201	44282A	4/30/99	716.71
KING 2	4428201	44282A	5/31/99	662.89
KING 2	4428201	44282A	6/30/99	727.49
KING 2	4428201	44282A	7/31/99	659.95
KING 2	4428201	44282A	8/31/99	740.34
KING 2	4428201	44282A	9/30/99	775.53
KING 2	4428201	44282A	10/31/99	297.21
KING 2	4428201	44282A	11/30/99	1609.76
KING 2	4428201	44282A	12/31/99	1685.25
KING 2	4428201	44282A	1/31/00	1402.9
KING 2	4428201	44282A	2/29/00	1196.05

MA	DP	NO	PR	DN	DISP	Volume
10	44282A	199808	00			713.7021
10	44282A	199809	00			721.545
10	44282A	199810	00			641.1554