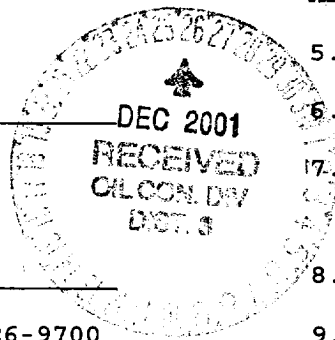


State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division

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 1940' FSL, 1900' FWL, Sec. 13, T-30-N, R-11-W, NMPM, San Juan County	API # (assigned by OCD) 30-045-30517 5. Lease Number Fee 6. State Oil&Gas Lease # 7. Lease Name/Unit Name Hampton 8. Well No. 2R 9. Pool Name or Wildcat Aztec Pictured Cliffs 10. Elevation:
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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 - Spud		

13. Describe Proposed or Completed Operations

12-19-01 MIRU. SDON.

12-20-01 Spud well @ 12:00 p.m. 12-20-01. Drill to 140'. Circ hole clean. TOOH. TIH w/3 jts 7" 20# J-55 ST&C csg, set @ 137'. Pump 5 bbl wtr ahead. Cmted w/70 sx Class "B" neat cmt w/3% calcium chloride, 0.25 pps Celloflake (83 cu.ft.). Displace w/4 bbl wtr. Circ 4 bbl cmt to surface. WOC. NU BOP. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

12-21-01 Drill to TD @ 2740'. Circ hole clean. TOOH. TIH w/87 jts 2 7/8" 6.5# J-55 EUE csg, set @ 2737'. Pump 10 bbl mud flush, 10 bbl wtr ahead. Cmted w/375 sx Class "C" Premium Lite cmt w/8% gel, 3% calcium chloride, 0.25 pps Flocele, 5 pps LCM-1, 0.4% fluid loss, 0.4% sodium metasilicate (799 cu.ft.). Tailed w/90 sx Class "C" Type III cmt w/1% calcium chloride, 0.2% fluid loss, 0.25 pps Flocele (125 cu.ft.). Displace w/15.7 bbl wtr. Circ 60 bbl cmt to surface. ND BOP. NU WH. RD. Rig released.

SIGNATURE *[Signature]* Regulatory Supervisor December 26, 2001

no
(This space for State Use)

ORIGINAL SIGNED BY CHAPLAIN T. PERREN

OIL & GAS INSPECTOR, DIST. 6

DEC 26 2001

Approved by _____ Title _____ Date _____

K