

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.

NM 62225

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or

8. Well Name and No.

DIAMOND 34 #2

FEDERAL

9. API Well No.

30-025-33112

10. Field and Pool, or Exploratory Area

TRISTE DRAW DELAWARE

11. County or Parish, State

LEA NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

BURLINGTON RESOURCES OIL & GAS COMPANY

3a. Address

P.O. Box 51810 Midland, TX 79710-1810

3b. Phone No. (include area code)

915-688-6906

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

UL-B, 660' FNL & 1980' FEL
SEC. 34, T23S, R32E

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zone. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 day following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

10-27-99 Acidized perfs 8854'-8862' w/1120 gls 7-1/2% NEFE DI acid, 280 gallons of Xylene & 7-1/2 gls Acid Mul II. Acidized perfs 8538'-8542' w/560 gls 7-1/2% NEFE DI acid, 140 gls of Xylene & 3-3/4 gls Acid Mul II. Acidized perfs 8380'-8390' w/560 gls 7-1/2% NEFE DI acid, 140 gls of Xylene & 3-3/4 gls Acid Mul II.

10-28-99 TIH w/2.875" tbg set at 9053' and swabbed. TIH w/1.5" X 25' pump and placed well back on production.

AMENDED to correct location.

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

Name (Printed/Typed)

Deborah Magness

Title

Regulatory Tech

Date 2-17-00

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, 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.



STATE OF NEW MEXICO
ENERGY, MINERAL AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

1625 N. French Drive
MOORE, NEW MEXICO 88411-1880
(505) 323-8181

1-6-2000

Burlington Resources Oil & Gas Co.

P.O. Box 51810

Midland TX 79710-1810

RE: Property/Well

Diamond 34 Federal #2

30-025-33112

Unit B 34-23-32

The enclosed forms are being returned to your company due to lack of sufficient or correct data required to properly process the forms. ALL DATA CIRCLED IN RED should be supplied or amended. Revised forms should be resubmitted ATTACHED TO THIS FORM to the address above with fifteen (15) days.

C-101

Plugging bond is not in place for OGRID reflected on form. Contact Dorothy Phillips in OCD Santa Fe office: (505) 827-7137

OGRID number does not exist for Operator as designated

Proposed Bottom Hole location omitted

Ground Level Elevation omitted

Proposed casing record incomplete or unacceptable

BOP schematic not included or attached

Other:

C-102

Form is not properly signed and dated

Directional Drill: Project area, producing interval, kickoff point, surface location, and bottom hole location should be designated

Acreage to be dedicated to well should be outlined

Non-standard location. Approved order from Santa Fe not on file

Non-standard proration. Approved order from Santa Fe not on file

Other:

C-103

API number omitted

Proper well identification omitted

Location data incorrect or insufficient

Date(s) work performed omitted

Tubing size and depth and/or packer setting omitted

Other:

(See back)

C-104 _____ Operator OGRID omitted
 _____ Effective Date should be included in Item 3 Reason for Filing Code
 _____ Bottom hole location omitted
 _____ Transporter name/OGRID omitted or incorrect
 _____ Location for new POD requested omitted
 _____ Well Completion Data incomplete
 _____ Well Test Data omitted
 _____ Form is not properly signed and dated
 _____ Operator Change: Signature and OGRID of previous operator required
 _____ Other: _____

C-105 _____ Lithology omitted
 _____ Tubing record omitted
 _____ Well location incomplete
 _____ Casing record incomplete or omitted
 _____ Production data incomplete
 _____ Other: _____

Deviation Survey _____ Omitted
 Directional Survey _____ Omitted. Directional Drill: required with correctly calculated Bottom Hole Location
 Logs _____ Required on all wells: State, Federal and Private
 Other: _____

C-139 _____ See Attached Form
 C-140 _____ See Attached Form
 C-141 _____ See Attached Form

PLEASE NOTE: DELAY IN PROCESSING OF REGULATORY FORMS MAY RESULT IN OPERATOR RECEIVING PRODUCTION AND DISPOSITION ERROR MESSAGES GENERATED

BY C-115 REPORTING.

Line B 2034 T23 R32E