Submitted in lieu of Form 3160-5 (June 1990)

**UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT** 

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT" - for such proposals.



FORM APPROVED

Budget Bureau No. 1004-0135 NOV 19 2012

Expires: March 31, 1993

Farmington Field Office Bureau of Land Managemen

1. Type of Welf: Gas  2. Name of Operator: BURLINGTOR RESOURCES OIL & GAS COMPANY LP  3. Address and Phone No. of Operator: P. O. Sox 4289, Famington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 1930* FSL & 2091* FWL S: 23 T: 030N R: 011W U: K  10. Field and Poots 11. County and State: SAN JUAN, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Notice of Intent Notice of Intent Recompletion Abandonment Altering Casing Repair Abandonment Altering Casing Repair Abandonment Altering Casing Abandonment Altering Casing Abandonment Note: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MY 11/08/12, MY & DK FLOWING TOGETHER ON 11/10/8/12, FINISHED THE GAS RECOVERY COMPLETION 11/13/12.  The CP: Initial MCF: 14002  Meter No.: 91088 Gas Co.: ENT Proj Type: GAS RECOVERY COMPLETION  11. Hereby certify that the foregoing is true and correct. Signed Tarria's Sessions  Title: Staff Regulatory Tech. Date: 11/16/2012  CONDITION OF APPROVAL, if any:	<u> </u>		
2. Name of Operator: BURLINGTON RESOURCES OIL & GAS COMPANY LP  3. Address and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 1930 FSL & 2091 FWL S: 23 T: 030N R: 011W U: K  10. Field and Pool: DIST. 3 DK- 8ASIN-DAKOTA MV - BLANCO::MESAVERDE  11. County and State: SAN JUAN, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Notice of Intent X Subsequent Report Plugging Back Pinal Abandonment Abandonment Abandonment Abandonment Abandonment Abandonment Abandonment This well was first delivered on 11/8/2012 and produced natural gas and entrained hydrocarbons.  Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 11/08/12, MV & DK FLOWING TOGETHER ON 11/09/12. FINISHED THE GAS RECOVERY COMPLETION 11/13/12.  TP: CP: Initial MCF: 14002  Meter No.: 91068 Gas Co.: ENT Proj Type: GAS RECOVERY COMPLETION  11. Hereby certify that the foregoing is true and correct. Signed Tam/a Sessions  Title: Staff Regulatory Tech. Date: 11/16/2012  ACCEPTED FOR RECORE APPROVED BY: Title: Date: NOV 2 8 2012			•
3. Address and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-970  4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 1930' FSL & 2091' FWL S: 23 T: 030N R: 011W U: K  10. Field and Pool: DIST. 3 DK: ABSIN:DAKOTA MV: BLANCO:MESAVERDE  11. County and State: SAN JUAN, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Notice of Intent Recompletion Abandonment	Gas		SF-078138
3. Address and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326 9700  4. Location of Well, Footage, Sec. T, R, U. FOOTAGE: 1930 FSL 8 2091 FWL S: 23 T: 030N R: 011W U: K  10. Filed and Pool: DK - BASIN::DAKOTA MY-BLANCO::MESAVERDE  11. County and State: SAN JUAN, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Notice of Intent Recompletion Change of Plans Notice of Intent Report Plugging Back New Construction Abandonment Casing Repair Non-Routine Fracturing Altering Casing Water Shut Off Conversion to Injection  13. Describe Proposed or Completed Operations  This well was first delivered on 11/8/2012 and produced natural gas and entrained hydrocarbons.  Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MY 11/08/12, MY & DK FLOWING TOGETHER ON 11/09/12. FINISHED THE GAS RECOVERY COMPLETION 11/13/12.  TP: CP: Initial MCF: 14002  Meter No.: 91068 Gas Co.: ENT Proj Type:: GAS RECOVERY COMPLETION  14. I Hereby certify that the foregoing is true and correct. Signed Tam/a Sessions  Title: Staff Regulatory Tech. Date: 11/16/2012  ACCEPTED FOR RECORD.  ACCEPTED FOR RECORD.  ACCEPTED FOR RECORD.  NOV 2 & 2012			6. If Indian, allottee or Tribe Name:
4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 1930' FSL & 2091' FWL S: 23 T: 030N R: 011W U: K  10. Field and Pool: DIST. 3  DK- BASIN:DAKOTA MV- BLANCO: MESAVERDE  11. County and State: SAN JUAN, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Notice of Intent Recompletion Plugging Back Final Abandonment Casing Repair Abandonment Altering Casing Abandonment Altering Casing Abandonment This well was first delivered on 11/8/2012 and produced natural gas and entrained hydrocarbons.  Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 11/08/12, MV & DK FLOWING TOGETHER ON 11/09/12. FINISHED THE GAS RECOVERY COMPLETION 11/13/12.  TP: CP: Initial MCF: 14002  Meter No.: 91068 Gas Co.: ENT Proj Type:: GAS RECOVERY COMPLETION  14. I Hereby certify that the foregoing is true and correct. Signed Tamfa Sessions  Title: Staff Regulatory Tech. Date: 11/16/2012  ACCEPTED FOR RECORD	3. Address and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499	OMPANY LP .	<i>りに-NmNm 1378 8</i> <i>mV-NmNm 8398 2</i> 8. Well Name and Number:
DK - BASIN::DAKOTA MV - BLANCO::MESAVERDE  11. County and State: SAN JUAN, NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA    Notice of Intent	FOOTAGE: 1930' FSL & 2091' FWL		9. API Well No. RCVD NOV 30 '12 OIL CONS. DIV.
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA    Notice of Intent			DIST. 3 DK - BASIN::DAKOTA
Notice of Intent  Recompletion  Change of Plans  New Construction  Non-Routine Fracturing  Abardonment  Abardonment  Abardonment  Abardonment  Abardonment  Altering Casing  Water Shut Off  Conversion to Injection  13. Describe Proposed or Completed Operations  This well was first delivered on 11/8/2012 and produced natural gas and entrained hydrocarbons.  Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 11/08/12, MV & DK FLOWING TOGETHER ON 11/09/12. FINISHED THE GAS RECOVERY COMPLETION 11/13/12.  TP: CP: Initial MCF: 14002  Meter No.: 91068  Gas Co.: ENT  Proj Type.: GAS RECOVERY COMPLETION  14. I Hereby certify that the foregoing is true and correct.  Signed  Title: Staff Regulatory Tech.  Date: 11/16/2012  Tam/a Sessions  Title: Date: NOV 2 6 2012			
X   Subsequent Report   Plugging Back   New Construction   Final Abandonment   Casing Repair   Non-Routine Fracturing   Water Shut Off   X   Other-First Delivery   Conversion to Injection	12. CHECK APPROPRIATE BOX TO INDICATE NATU	URE OF NOTICE, REPORT,	, OTHER DATA
Final Abandonment Altering Casing Water Shut Off Conversion to Injection  13. Describe Proposed or Completed Operations  This well was first delivered on 11/8/2012 and produced natural gas and entrained hydrocarbons.  Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 11/08/12, MV & DK FLOWING TOGETHER ON 11/09/12. FINISHED THE GAS RECOVERY COMPLETION 11/13/12.  TP: CP: Initial MCF: 14002  Meter No.: 91068 Gas Co.: ENT Proj Type.: GAS RECOVERY COMPLETION  14. I Hereby certify that the foregoing is true and correct. Signed Tam/a Sessions  Title: Staff Regulatory Tech. Date: 11/16/2012  ACCEPTED FOFI RECORD  ACCEPTED FOFI RECORD  Date: NOV 2 6 2012	Notice of Intent	Recompletion	Change of Plans
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Meter No.: 91068  Gas Co.: ENT  Proj Type.: GAS RECOVERY COMPLETION  14. I Hereby certify that the foregoing is true and correct.  Signed Tam/a Sessions  Title: Staff Regulatory Tech. Date: 11/16/2012  (This Space for Federal or State Office Use)  APPROVED BY: Title: Date: NOV 2 6 2012	This well was first delivered on 11/8/2012 and pr	OUGH GAS RECOVERY CO	OMPLETION. STARTED SELLING ON THE MV 11/08/12,
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Signed Title: Staff Regulatory Tech.  Tam/a Sessions  Title: Staff Regulatory Tech.  Date: 11/16/2012  ACCEPTED FOR RECORD  APPROVED BY: Title: Date: NOV 2 6 2012	Gas Co.: ENT	PLETION	
Tam/a Sessions  (This Space for Federal or State Office Use)  APPROVED BY:  Title:  Date: NOV 2 6 2012	14. I Hereby certify that the foregoing is true and co	orrect.	
APPROVED BY: Title: Date: NOV 2 6 2012	1000	Title: Staff Regulato	Date: 11/16/2012
	(This Space for Federal or State Office Use)		
CONDITION OF APPROVAL, if any:  FARMINGTON FIELD OFFICE	APPROVED BY:	Title:	
	CONDITION OF APPROVAL, if any:		FARMINGTON FIELD OFFICE