

**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.

RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

FEB 21 2013
**Farmington Field Office
Bureau of Land Management**
1. Type of Well:

Gas

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: 990' FNL & 1190' FEL

S: 30 T: 028N R: 006W U: A

5. Lease Number:

SF-080430-B

6. If Indian, allottee or Tribe Name:**7. Unit Agreement Name:**

DK - NMNM78412C

MV - NMNM78412A

8. Well Name and Number:

SAN JUAN 28-6 UNIT 165

9. API Well No.

3003920478

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

11. County and State:

RIO ARRIBA, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut Off
	<input checked="" type="checkbox"/> Other- Re-Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 11/21/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS WAITING ON RIG TO UNPLUG AND REPLACE TUBING.

TP: O

CP: 311

Initial MCF: 750


Meter No.: 87459

Gas Co.: ENT

Proj Type.: REDELIVERY

**RCVD FEB 25 '13
OIL CONS. DIV.
DIST. 3**
14. I Hereby certify that the foregoing is true and correct.

Signed


Tamra Sessions

Title: Staff Regulatory Tech.

Date: 2/20/2013

(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

Date: _____

ACCEPTED FOR RECORD**FEB 21 2013**

CONDITION OF APPROVAL, if any: _____

FARMINGTON FIELD OFFICE
NMOC
Ca