Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR APR ()5 2017

FORM APPROVED OMB No. 1004-0137

BUREAU OF LAND MANAGEMENT					Expires: July 31, 2010		
Francisco Field O					5: Lease Serial No. ICE NM-029146		
					6. If Indian, Allottee or Tribe Name		
Do not use	this form for proposals t	to drill or	to re-enter ar	ח	,		
abandoned	well. Use Form 3160-3 (A	(PD) for s	uch proposa	ls.			
					7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well							
Oil Well X Gas Well Other			•	J	8. Well Name and No.		
2. Name of Operator					San Juan #24P 9. API Well No.		
Burlington Resources Oil & Gas Company LP					30-045-35233		
3a. Address	3b. Phone No. (include area code)		10. Field and Pool or Exploratory Area				
PO Box 4289, Farmingto	(505) 326-9700 Blanco MV/Basin DK/Basin MC		asin DK/Basin MC			
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) Surface Unit F (SENW), 2297' FNL & 1644' F Bottomhole Unit K (NESW), 1630' FSL & 1840' F					11. Country or Parish, State		
					San Juan ,	New Mexico	
	THE APPROPRIATE BOX(ES)				TICE. REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION		,	TYPE (
	<u> </u>					Tw. a. os.	
X Notice of Intent	Acidize	Deeper		=	roduction (Start/Resume)	Water Shut-Off	
Subsequent Report	Alter Casing Casing Repair		e Treat onstruction		Recomplete	Well Integrity X Other	
	Change Plans		id Abandon	=	emporarily Abandon	Suicide Squeeze	
Final Abandonment Notice	Convert to Injection	Plug B			Vater Disposal	Outcide Squeeze	
Attach the bond under which the w following completion of the involve Testing has been completed. Final determined that the site is ready for 4/4/13 Notified Agencie TOC @ 6080'. Plans a	es, Troy Salyers (BLM) an re to perf again @ 6000' i n 50/50 cement. Will run suicide squeeze.	Bond No. on s in a multiple only after all he defined by the definition of the defin	file with BLM/BIA. completion or recordenance requirements, include ppe (OCD) - clation then po	Require mpletion ding recla didn4 erform	ed subsequent reports must be file in a new interval, a Form 3160-4 amation, have been completed and form of get returns during a suicide squeeze @ 4 rbal approval was give	ed within 30 days must be filed once d the operator has g 6th squeeze job. New 930' with 2-4 shots and	
MED MOST SONAIEND MONASSIEDENVA MUNI ONA JASESUSI NO	uiqud for operations Ian Lands	ned)			ONDITIONS OF API	PROVAL	
14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Arleen White			Staff Regulatory Tech Title				
Signature While			Date 4(5/13				
	THIS SPACE FO	OR FEDE	RAL OR STAT	TE OF	FICE USE		
Approved by				<u>:</u>			
Troy L Salvers Conditions of approval, if any, are attac	Ti	itle Pe	Holeum Engine	Date 4 9 13			
that the applicant holds legal or equitab				ffice _	_		

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

entitle the applicant to conduct operations thereon.