

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

Expires: March 31, 1993

RECEIVED

APR 10 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: 2130' FNL & 1955' FEL

S: 10 T: 031N R: 012W U: G

5. Lease Number:

SF-077651

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

RICHARDSON 8N

9. API Well No.

3004534873

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

11. County and State:

SAN JUAN, NM

RCVD APR 23 '13
OIL CONS. DIV.
DIST. 3

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-First Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 4/1/2013 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 04/01/13, MV & DK FLOWING TOGETHER ON 04/02/13. FINISHED THE GAS RECOVERY COMPLETION 04/06/13.

TP: CP: Initial MCF: 1644

Meter No.: 36129

Gas Co.: WFC

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Arleen White

Arleen White

Title: Staff Regulatory Tech.

Date: 4/10/2013

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

ACCEPTED FOR RECORD
Date:

CONDITION OF APPROVAL, if any:

10 2013

BY cm

NMOCD A