1 Verse services and	<u> </u>			Surger and a surger of the sur			
Form 3160-5	UNITED ST.	N WARDEN	Con S W	FORM	APPROVED		
(August 2007)	DEPARTMENT OF T		UN 27 20	11	No. 1004-0137		
	BUREAU OF LAND M		· L	5. Lease Serial No.	s: July 31, 2010		
	RECORDS CLE	Farmi	ngton Field	Office	SF-080511		
Do	SUNDRY NOTICES AND RI not use this form for proposa	EPORTS ON WELLS	f Land Mala	SelfyIndian; Allottee or Tril	be Name		
	doned well. Use Form 3160-3		1			<u>.</u>	
SUBMIT IN TRIPLICATE - Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No.			
1. Type of Well							
Oil Well X Gas Well Other				8. Well Name and No. HARRINGTON 9			
2. Name of Operator				9. API Well No.			
Burlington Resources Oil & Gas Company LP 3a. Address 3b. Phone No. (include area code)				30-039-25503 10. Field and Pool or Exploratory Area			
PO Box 4289, Fa	, ,	326-9700 Otere CH/BlancoMV/Basin DK/Gallup		(/Gailup			
4. Location of Well (Footage		11. Country or Parish, State		·			
Surface UN	IIT J (NWSE), 1650' FSL & 184	0' FEL, Sec. 31, T27	N, R7W	Rio Arriba	, New Mexic	;0	
		<u> </u>			HER DATA		
TYPE OF SUBMIS							
Notice of Intent	Acidize	Deepen Fracture Treat		oduction (Start/Resume) clamation	Water Shut-O		
X Subsequent Report	Casing Repair	New Construction		complete		t Delivery	
Louis	Change Plans	Plug and Abandon	Ter	mporarily Abandon			
Final Abandonment I	*	Plug Back		ater Disposal			
	mpleted Operation: Clearly state all pertine pen directionally or recomplete horizontally						
	which the work will be performed or provident of the involved operations. If the operation is						
Testing has been compl	eted. Final Abandonment Notices must be						
determined that the site	is ready for final inspection.)						
This well first deliv	vered 20-Feb-96 and produced	natural gas and entra	ined hydroca	arbons.			
	813 Chacra Initial Allocated M 813 Mesaverde Initial Allocate						
TP 144 CP 813 Gallup Initial MCF Allocated MCF 199							
	813 Dakota Initial MCF Allocated MCF 199			OIL CONS. DIV DIST. 3			
				JUL 0 5 2013			
				00			
	`				1		
14. I hereby certify that the	foregoing is true and correct. Name (Print	ed/Typed)					
DENISE JOURNEY Title				REGULATORY TECHNICIAN			
Signature	nise owner	Date			26/13		
	THIS SPACE	FOR FEDERAL OR S	TATE OFFI	CE USE			
Approved by							
· · · · · · · · · · · · · · · · · · ·			Title				
Conditions of approval if an	y, are attached. Approval of this notice do		Date				
that the applicant holds legal	or equitable title to those rights in the sub	Office					
entitle the applicant to condu Title 18 U.S.C. Section 1001	lly to make to any departme	ant of agency of the Uni	ited States any				
false, fictitious or fraudulent	statements or representations as to any ma				-447		
(Instruction on page 2)		NIRAPA		FARMINGTO	N FIELD OFFIC)E	
		NMOCD		BY			
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