UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0137

| | Expires: July 31, 2010 |
|--------------------|------------------------|
| . Lease Serial No. | |
| | SF-080117 |

| OCT 18 2013 | | | | | 5. Lease Serial No. SF-080117 6. If Indian, Allottee or Tribe Name | | | |
|--|--|------------------------|---|---|--|-------------------------|-----------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | | | | | |
| Farmington เวอให้ดี นิร์ล of Larabaกัชอภิลิส | this form for proposals | to drill or | to re-enter ar | ı Is. | o. If main, Another of The | Name | | |
| SUBMIT IN TRIPLICATE - Other instructions on page 2. | | | | | 7. If Unit of CA/Agreement, Name and/or No. | | | |
| 1. Type of Well Oil Well Sas Well Other | | | · | | Huerfanito Unit | | | |
| | | | | 8. Well Name and No. Huerfanito Unit 34R | | | | |
| 2. Name of Operator Burling | ton Resources Oil & Gas | Company | LP · | | 9. API Well No. 30- | 045-30864 | | |
| 3a. Address PO Box 4289, Farmingto | 3b. Phone No. (include area code) (505) 326-9700 | | 10. Field and Pool or Exploratory Area Ballard Pictured Cliffs | | | | | |
| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) Surface Unit F (SENW), 1885' FNL & 1920' FV | | <u> </u> | | | 11. Country or Parish, State San Juan , New Mexico | | | |
| 12. CHECK T | HE APPROPRIATE BOX(ES) |) TO INDIC | ATE NATURE (| OF NC | TICE, REPORT OR OTH | IER DATA | | |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | | | | |
| X Notice of Intent Subsequent Report | Acidize Alter Casing Casing Repair | Deepen Fracture New Co | | | Production (Start/Resume) Reclamation Recomplete | Water S Well In X Other | Shut-Off itegrity TA Status | |
| | Change Plans | Plug an | d Abandon | $\overline{\mathbf{x}}$ | Temporarily Abandon | | Extension | |
| Final Abandonment Notice 13. Describe Proposed or Completed Op | Convert to Injection | Plug Ba | | | Water Disposal | | | |
| | final inspection.) A'd on 5/18/11. Burlington Il for future uphole poter TA | ntial | • | perm | | RCVD OCT | Г 29 '1З | |
| | | | | | | | | |
| 14. I hereby certify that the foregoing is | true and correct. Name (Printed/Typ | ped) | | | | | | |
| Dollie L. Busse | | | Title Staff Regulatory Technician | | | | | |
| Signature | if Buss | | Date 101 | | | | | |
| | THIS SPACE FO | OR FEDER | AL OR STAT | E OF | FICE USE | | | |
| Approved by Original | Signed: Stephen Mason | | Tit | le | | Date | OCT 2 5 2013 | |
| Conditions of approval, if any, are attact that the applicant holds legal or equitabl entitle the applicant to conduct operation | e title to those rights in the subject lea | | - | fice | | | | |

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.