

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

JUL 09 2013

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

Farmington Field Office

NM-01614

**SUNDRY NOTICES AND REPORTS ON WELLS Land Management**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

SUBMIT IN TRIPLICATE--Other instructions on page 2.

1. Type of Well

☐

Oil Well

☒

Gas Well

☐

Other

2. Name of Operator

**Burlington Resources Oil & Gas Company LP**

3a. Address

**PO Box 4289, Farmington, NM 87499**

3b. Phone No. (include area code)

**(505) 326-9700**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**Surface**

**Unit A (NENE), 965' FNL & 1020' FEL, Sec. 33, T31N, R12W**

5. Lease Serial No.

**NM-01614**

Indian, Allottee or Tribe Name

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.

**Thompson 102**

9. API Well No.

**30-045-31573**

10. Field and Pool or Exploratory Area

**Basin FC**

11. Country or Parish, State

**San Juan**

**New Mexico**

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

☐

Notice of Intent

☐

Subsequent Report

☒

Final Abandonment Notice

☐

Acidize

☐

Alter Casing

☐

Casing Repair

☐

Change Plans

☐

Convert to Injection

☐

Deepen

☐

Fracture Treat

☐

New Construction

☐

Plug and Abandon

☐

Plug Back

☐

Production (Start/Resume)

☐

Reclamation

☐

Recomplete

☐

Temporarily Abandon

☐

Water Disposal

☐

Water Shut-Off

☐

Well Integrity

☒

Other

**FAN**

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof.

If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

The subject well was P&A'd on 10/5/12. Reclamation cannot be completed as this well is twinned w/ the Thompson  
5. Reclamation of this well will be completed at the reclamation of the twinned well. Please remove this well from Burlington Resources, LP bond.

RCVD NOV 12 '13  
OIL CONS. DIV.  
DIST. 3

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

**Kenny Davis**

**Staff Regulatory Technician**

Title

Signature

Date

7/9/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

*Mark Kelly*

**Branch Chief**

**NOV - 8 2013**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title **Environmental Protection and Reentry**  
Office

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.

(Instruction on page 2)

NR000 ca

ConocoPhillips

PEA  
2012

Reclamation Form:

Date: 6/3/13

Well Name: Thompson 102

Footages: 965 FNL 1020 FEL Unit Letter: A

Section: 33, T-31-N, R-12-W, County: San Juan State: NM

Reclamation Contractor: \_\_\_\_\_

Reclamation Date: \_\_\_\_\_

Road Completion Date: \_\_\_\_\_

Seeding Date: \_\_\_\_\_

**\*\*PIT MARKER STATUS (When Required):** Picture of Marker set needed

MARKER PLACED : \_\_\_\_\_ (DATE)

LATITUDE: \_\_\_\_\_

LONGITUDE: \_\_\_\_\_

Pit Manifold removed \_\_\_\_\_ (DATE)

Construction Inspector: S. M. Glesson Date: 6/3/13

Inspector Signature: [Signature]

Office Use Only:

Subtask ✓

DSM ✓

Folder ✓

Pictures NY

Revised 11/4/10

Twinned with Thompson 5  
No work can be done at  
this time