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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Farmington Field Office
Bureau of Land Management

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Serial No.

SF-077651

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Richardson 101

9. API Well No.

30-045-27295

10. Field and Pool or Exploratory Area

Basin FC / Glades FS

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

Surface Unit H (SENE), 1870' FNL & 1300' FEL, Sec. 10, T31N, R12W

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			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleat 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 recompleat 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 7/22/13 and Burlington Resources completed the reclamation on 10/29/13. Seeding was completed on 10/31/13.

RCVD DEC 16 '13
OIL CONS. DIV.

DIST. 3

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

Kenny Davis

Title Staff Regulatory Technician

Signature

Date

12/3/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:

Branch Chief

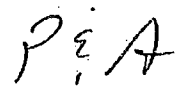
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Environmental Protection and Reclamation

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.

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.



Date: 11/21/13

Well Name: Richardson 101

Footages: 1870 FNL 1300 FEL Unit Letter: H

Section: 10, T-31-N, R-12-W, County: SJ State: NM

Reclamation Contractor: Ace

Reclamation Start Date: 10/25/13

Reclamation Complete Date: 10/29/13

Road Completion Date: _____

Seeding Date: 10/31/13

MARKER PLACED : _____ (DATE)

LATITUDE: /

LONGITUDE:

Pit Manifold removed _____ (DATE)

Construction Inspector: S. McGlasson Date: 11/21/13

Inspector Signature: [Signature] 11/5

Office Use Only: Subtask	DSM	Folder	Pictures
1. Initial Assessment			
2. Diagnostic Interview			
3. Physical Examination			
4. Psychological Testing			
5. Differential Diagnosis			
6. Treatment Planning			
7. Intervention Implementation			
8. Progress Monitoring			
9. Evaluation and Follow-up			