(August 2007)       DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT       Image: Construction of the instruction of the instread of the instruction of the instruction o					•.		
SUNDER Y NOTICES AND REPORTS ON WELLS JAN & Control Control of the content of a first different state of the content of the co	Form 3160-5 (August 2007)	$DEPARTMENT OF THE INTERIOR \qquad [ - ] \rightarrow c$			OMB No. 1004-0137		
SUBMIT IN TRIPLICATE - Other instructions on page 2"M-V6-U VI L	Do not	use this form for proposals	to drill or to re-ente	er an	6. If Indian, Allottee or Tribe Na		
	abandor			osals. L.:			
Control Well Star Star Star Star Star Star Star Star		SUBMIT IN TRIPLICATE - Other in	structions on page 2.		7. If Unit of CA/Agreement, Nat	me and/or No.	
2. None of Operator Burlington Resources Oil & Gas Company LP 3. Adres PO Box 4289, Farmington, NM 87499 19. Phore No. (achder are cole) 10. Field and Ped or Exploratory Area DO Box 4289, Farmington, NM 87499 10. Field No. San Juan New Mexico 11. Country or Parish, State San Juan New Mexico 12. CHECK THE APPOPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION 12. CHECK THE APPORPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION 13. CHECK THE APPORPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBMISSION 14. Change Report 15. Detector Proposed or Complete Operation 15. Check of the proposed and the state State-Off 16. Change Report 16. Desper 17. Proposed or Complete Operation 18. Change Report 19. Descript Proposed or Complete Operation 19. Detector Proposed 10. Detector Proposed or Complete Operation 19. Detector Proposed 10. Detector Pro	1. Type of Well     Image: Oil Well     Image: Other						
PO Box 4289, Faminington, NM 87499       (505) 326-9700       BASIN FC         1. Loation of Well (Funges, Soc. 1. M. or Sharey Descriptore)       11. Country or Parith, State       11. Country or Parith, State       San Juan       New Mexico         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA       TYPE OF SUBMISSION       11. Country or Parith, State       New Mexico         13. Decred Intern       Actin Country or Parith, State       Production (Start/Resum)       Water Shard/OT         14. Interced Proposed or Completed Operation: Cleany ethnic Methods, including estimated Stateling due to fare processor work of the operation in access and annexed and the operation of anger Plane       Plag Back       Water Disposal       Well Integrity         13. Decred Proposed or Completed Operation: Cleany ethnic Methods, including estimated Stateling due to fare processor work of the operation in access and annexed and the operation of anger the operation and the operation in access and annexed and the operation in access and annexed and the operation of the operation of the operation in access and annexed and the operation in the operation in the operation of the operation of the operation in access and annexed and the operation in access and annexed and the operation in the operation in the operation of the operation of the operation of the operatis and operation in the operation of the operation in t	2. Name of Operator Bur	s Company LP	9. API Well No.				
Surface       UNIT P (SESE), 1135' FSL & 1060' FEL, Sec. 20, T32N, R10W       San Juan       New Mexico         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA       TYPE OF SUBMISSION       TYPE OF SUBMISSION       Water Shat-Off         Image: Subsequent Report       Additic       Despin       Trobustion (StarResume)       Water Shat-Off         Subsequent Report       Ching Repair       Previous       Recomplete       Other       Other         13. Decribe Proposed or Completed Operation. Clearly state all partitient data, including estimated starting date of any proposed and construction and measured and three vertical data of any proposed and complete data on the order. The proposal is to deepen directionally or ecomplete for non-indived operations: If the proposal is to deepen directionally or ecomplete borizonality, yes substrate localization or recompletion or recompletion or the invited operations: If the proposal and measured and the vertical data of any proposal data data data and ones. Attach the size is racid for final impletion or recompletion orecompletion orecompletion or recompletion or recompletio	3b. Phor		3b. Phone No. (include ar				
TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Intern       Acidize       Deepen       Production (Star/Resume)       Water Shud-Off         Stablesquent Report       Change Plans       Plug and Ahmdon       Reclamation       Other       Other         13. Beaches Proposed of Completed Operation: Clearly state all performed of provide the Bond No. on file Mathina Amadon       Topoposed work and approximate duration thereof.         13. Describe Proposed of Completed Operation: Clearly state all performed or provide the Bond No. on file work will be performed or provide the Bond No. on file work Bulk PATA Academent Deprivation in a session and necessical and the vertical depths of all performed meres and zenes. Attack the bein work will be performed or provide the Bond No. on file work Bulk PatA Academent Deprivation in a session and necessical and the vertical the file done the work will be performed or provide the Bond No. on file work Bulk PatA Academents, including redunation, how been completed and the operator has determined that the site is ready for final impection.)         The subject well was P&A'd on 6/B/13. Reclamation cannot take place at this time, this well is twinned with the Pay 1A. Reclamation will be done when the twinned well is also P&A'd.         14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)       Itale REGULATORY TECINICIAN         Signature       Jung Muth       Itale Academents       Itale REGULATORY TECINICIAN         Signature       Jung Muth       Muth       Itale REGULATORY TECINICIAN         Signature       Ju			FEL, Sec. 20, T32N,	R10W		New Mexico	
Image: Subsequent Report       Image: Subseque	12. CHE0	CK THE APPROPRIATE BOX(ES)	) TO INDICATE NATUR	RE OF NOT	ICE, REPORT OR OTHE	R DATA	
14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)         14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)         14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)         15. Describe the foregoing is true and correct. Name (Printed/Typed)         14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)         15. Describe the foregoing is true and correct. Name (Printed/Typed)         16. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)         17. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)         18. Describe the foregoing is true and correct. Name (Printed/Typed)         19. Construction         10. Construction	TYPE OF SUBMISSIC	TYF	TYPE OF ACTION				
14. Thereby certify that the foregoing is true and correct. Name (PrintedTyped)         14. Thereby certify that the foregoing is true and correct. Name (PrintedTyped)         15. Bescribe Proposed by Complete Operation. Clear State and the operation results in a multiple completion or recomplete horizontally, give subsurface locations and measured and rule vertical depths of all pertinent markers and zones. Attach the bood under which the work will be performed or provide the Bond No. on file with BUMBA. Required subsequent reports must be filed once Testing has been completed. Final Abandomment Notices must be filed on any 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 6/8/13. Reclamation cannot take place at this time, this well is twinned with the Pay 1A. Reclamation will be done when the twinned well is also P&A'd.         14. Thereby certify that the foregoing is true and correct. Name (PrintedTyped)         DENSE JOURNEY         Title REGULATORY TECHNICIAN         RCVD FEB 4 '1:4         OIL CONS., DIV.         DIST., 3         Title REGULATORY TECHNICIAN         Reproved by         Conditions of approximate duration of the insoftee foes not warrant or certify that the foregoing is true and correct. Name (PrintedTyped)         Dist.       Dist.         Title REGULATORY TECHNICIAN         Recover the file of this insoftee foes not warrant or certify in the apple of this insoftee foes not warrant or certify in the apple of this insoftee foes not warra		Alter Casing	Fracture Treat	X R	eclamation	Well Integrity	
13. Describe Proposed or Completed Operation. Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration likereof.         13. Describe Proposed or Completed Operation. Clearly state all pertinent or purchase locations and measured and rune vertical deptis of all pertinent nurkers and zones. Attach the bound most which work will be performed or provide the Bond No. on file with EMRAD. Required subsequent reports must be filed once         14. Describe Proposed or Complete Doperation. Clearly state all pertinent or provide the Bond No. on file with EMRAD. Required subsequent reports must be filed once         15. Describe Proposed or Complete Doperation. Clearly state all pertinent or recompletion or recompletion in a new interval, a Form 3160-4 must be filed once         16. The subject well was P&A'd on 6/8/13. Reclamation cannot take place at this time, this well is twinned with the Pay         14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)         14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)         DENSE JOURNEY         14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed)         DENSE JOURNEY         11. The REGULATORY TECHNICIAN         12. Space FOR FEDERAL OR STATE OFFICE USE         Approved by         13. Space FOR FEDERAL OR STATE OFFICE USE         Approved by         13. Space FOR FEDERAL OR STATE OFFICE USE         Approved by         14. The approved of this notice cores not warr		Change Plans	Plug and Abandon	Т	emporarily Abandon		
OIL CONS. DIV.					is time, this well is tw	inned with the Pay	
DENISE JOURNEY       Title REGULATORY TECHNICIAN         Signature       I/30/2014         Date       1/30/2014         Date       Indext of the second					OILC	ONG.DIV.	
DENISE JOURNEY       Title REGULATORY TECHNICIAN         Signature       I/30/2014         Date       1/30/2014         Date       Indext of the second							
DENISE JOURNEY       Title REGULATORY TECHNICIAN         Signature       I/30/2014         Date       1/30/2014         Date       Date         Approved by       Branch Chief         Math Cellus       Branch Chief         Conditions of approval, if any, are attached. Appendia of this notice does not warrant or certify       Branch Chief         It is space for any person knowingly and willfully to make to any department or agency of the United States         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         Figure (Conduct operations as to any matter within its jurisdiction.       Department of any department or agency of the United States	· ·	·	<i>.</i>				
Signature       I/30/2014         I/30/2014         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved by         Bromch Chief         Ornitions 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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	14. I hereby certify that the foreg	going is true and correct. Name (Printed/T	'yped)	L.			
Signature       Oncol       Owned       Date         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved by         Branch Chief         Onditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to hose 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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	DENISE JOURNEY		Title REGU	Title REGULATORY TECHNICIAN			
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Mail       Branch Chief         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify       Er         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify       Office         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify       Office         It the applicant holds legal or equitable title to those rights in the subject lease which would       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         false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.		THIS SPACE FO	OR FEDERAL OR S	TATE OFF	ICE USE		
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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.       Definition	Mar	<u>ع</u>	r Titlesmm		Date. 2 - 3 - 1		
false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	that the applicant holds legal or e entitle the applicant to conduct o	equitable title to those rights in the subject perations thereon.	ot warrant or certify lease which would	Office			
	false, fictitious or fraudulent state		within its jurisdiction.				



ConocoPhillips

Reclamation Form:
Date: 1/8/14 (P+A)
Well Name: Ryns #GS - Twenned with Fayne #1A
Footages: <u>1136 FSL + 1060 FEL</u> Unit Letter:
Section: <u>20</u> , T- <u>3.2</u> -N, R- <u>10</u> -W, County: <u>San Turn</u> State: <u>NM</u>
Reclamation Contractor:
Reclamation Start Date: No Relamation Needed
Reclamation Complete Date:
Road Completion Date:
Seeding Date:
**PIT MARKER STATUS (M/hen Required): Picture of Marker set needed
MARKER PLACED :(DATE)
LATATUDE:
LONGITUDE:
Pit Manifold removed(DATE)
Construction Inspector: <u>JAEED Cymer</u> Date: <u>1/8/14</u>
Inspector Signature:
Office Use Only: SubtaskDSMFolderPictures
Revised 6/14/2012