

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

REC-7

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

SUNDRY NOTICES AND REPORTS ON WELLS JAN
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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. SF-080517
2. Name of Operator Burlington Resources Oil & Gas Company LP		6. If Indian, Allottee or Tribe Name Field Office
3a. Address PO Box 4289, Farmington, NM 87499	3b. Phone No. (include area code) (505) 326-9700	7. If Unit of CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Surface UNIT P (SESE), 1135' FSL & 1060' FEL, Sec. 20, T32N, R10W		8. Well Name and No. PAYNE 6S
		9. API Well No. 30-045-32000
		10. Field and Pool or Exploratory Area BASIN FC
		11. Country or Parish, State San Juan New Mexico

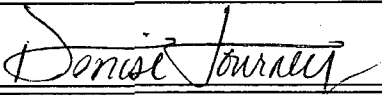
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<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	

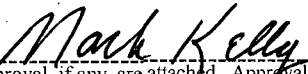
13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths 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 6/8/13. Reclamation cannot take place at this time, this well is twinned with the Payne 1A. Reclamation will be done when the twinned well is also P&A'd.

RCVD FEB 4 '14
OIL CONS. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) DENISE JOURNEY		Title REGULATORY TECHNICIAN
Signature 		Date 1/30/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by  Mark Kelly	Branch Chief Environmental Protection and B.	Date 2-3-14
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.





Reclamation Form:

Date: 1/8/14 (P+A)
Well Name: PAYNE #68 - TWINNED WITH PAYNE #1A
Footages: 1135' ESL & 1060' FEL Unit Letter: _____
Section: 20, T-32-N, R-10-W, County: SAN JUAN State: NM
Reclamation Contractor: _____
Reclamation Start Date: _____ No Reclamation Needed
Reclamation Complete 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: JARED CHAVEZ Date: 1/8/14

Inspector Signature: _____ JC

Office Use Only: Subtask _____ DSM _____ Folder _____ Pictures _____

Revised 6/14/2012