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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRIY-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

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

Surface

UNIT H (SENE), 1780' FNL & 885' FEL, Sec. 26, T31N, R12W

5. Lease Serial No.

SF-077652

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

EAST 20R

9. API Well No.

30-045-33492

10. Field and Pool or Exploratory Area

Aztec Pictured Cliffs

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

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ 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

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 3/13/13. This is a twinned location and reclamation will not take place until the twin well (East #22) is also P&A'd.

RCVD MAR 19 '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

Denise Journey

Date

11/20/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Mark Kelly

Branch Chief

Environmental Protection and Reclamation

MAR 18 2014

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.

(Instruction on page 2)

✓
ConocoPhillips

PEA 2013
No Rec. needed

Reclamation Form:

Date: 11/5/13

Well Name: East 20R (twinnd w/ #22)

Footages: _____ Unit Letter: _____

Section: 26, T-31-N, R-12-W, County: _____ State: _____

Reclamation Contractor: _____

Reclamation Start Date: _____

Reclamation Complete Date: _____

Road Completion Date: _____

Seeding Date: _____

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

MARKER PLACED : _____ (DATE) 11/2/13

LATITUDE: _____

LONGITUDE: _____

Pit Manifold removed _____ (DATE)

Construction Inspector: S. McGlasson Date: 11/5/13

Inspector Signature: [Signature] [Signature]

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

Revised 6/14/2012