Do not us abandoned St 1. Type of Well	UNITED STAT) DEPARTMENT OF THE BUREAU OF LAND MAN NDRY NOTICES AND REPO e this form for proposals to well. Use Form 3160-3 (A UBMIT IN TRIPLICATE - Other ins X Gas Well Other	INTERIOR NAGEMENT ORTS ON WELLS to drill or to re-ented PD) for such prop	nington F éráh-snu	OM 2011 Expi 5. Lease Serial No. 5. Lease Serial No. 5. The function of th	
Burlington Resources Oil & Gas Company LP				30-039-24914	
3a. Address         3b. Phone No. (include area code)           PO Box 4289, Farmington, NM 87499         (505) 326-9700			-	10. Field and Pool or Exploratory Area Basin Fruitland Coal	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)       11. Country or Parish, St         Surface       Unit K (NESW), 1695' FSL & 1595' FWL, Sec. 1, T29N, R7W         Rio Arriba				, New Mexico	
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA					
TYPE OF SUBMISSION		TY	PE OF AC	TION	
Notice of Intent     Subsequent Report     X Final Abandonment Notice     13. Describe Proposed or Completed O	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back		roduction (Start/Resume) ecolamation ecomplete emporarily Abandon Vater Disposal	Water Shut-Off Well Integrity X Other FAN (TWIN)
following completion of the invol- Testing has been completed. Fina determined that the site is ready for The subject well was 29-7 Unit 85B (API #3 Reclamation of this lo	work will be performed or provide the I ved operations. If the operation results I Abandonment Notices must be filed of or final inspection.) P&A'd on 4/17/13. Reclar 003925667) and the San Ju ocation will be completed ubject well from the Burling	in a multiple completion o only after all requirements, nation cannot be c uan 29-7 Unit 85C when the twinned	r recompletion including recla ompleted (API#3003 wells are	in a new interval, a Form 3 mation, have been complet as this well is twin 925668) which are reclaimed.	160-4 must be filed once ed and the operator has aned with the San Juan
14. 1 hereby certify that the foregoing <b>D</b> C	is true and correct. Name (Printed/Typ	ed) Title		Staff Regulatory	Technician
Signature Quilie Quare Date 8-29-14					
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by Conditions of approval, if any, are attact that the applicant holds legal or equital entitle the applicant to conduct operation	ble title to those rights in the subject lea	ise which would	Office	Branch Child Mui Protocilen (	End R. BSEP - 3 2014
Title 18 U.S.C. Section 1001 and Title false, fictitious or fraudulent statement		thin it furisdia for		to make to any department	or agency of the United States any
(Instruction on page 2)		- BARRER P	4		

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