Form 3160-5

## **UNITED STATES**

(August 2007)	DEPARTMENT OF THE BUREAU OF LAND MAI	INTERIOR	-3.7°	OMB N	o. 1004-0137 July 31, 2010	
	BUREAU OF LAND MAI	NAGEMENT	SEP 51	Lease Serial No.	July 31, 2010	_
0.110			سين ار همام ده و همه		F-078161	_
	NDRY NOTICES AND REPORT NOTICES				Vame	
	well. Use Form 3160-3 (A			R(	WD SEP 15'14	
S	JBMIT IN TRIPLICATE - Other ins	tructions on page 2.	7.	If Unit of CA/Agreement, N	ame and/or No.	_
1. Type of Well					IL CONS. DIV.	
Oil Well	X Gas Well Other	•	8.	Well Name and No.	oyd B 600	
2. Name of Operator			9.	API Well No.	oyu B 000	_
Burling		30-045-27181				
3a. Address PO Box 4289, Farmington, NM 87499		3b. Phone No. (include area code) 10. Field and (505) 326-9700		Field and Pool or Explorate.  Basin	Basin Fruitland Coal	
4. Location of Well (Footage, Sec., T., I		1		. Country or Parish, State		_
Surface Unit L (N	WSW), 1450' FSL & 1085' I	FWL, Sec. 1, T29N, R1	11W	/ San Juan	, New Mexico	
12. CHECK	THE APPROPRIATE BOX(ES)	TO INDICATE NATURE	OF NOTIC	CE, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION DIST. 3					_
Notice of Intent	Acidize	Deepen	Prod	luction (Start/Resume)	Water Shut-Off	
_	Alter Casing	Fracture Treat	Reci	amation	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Reco	omplete	X Other FAN (TWI	N)
Tell minutes in the control	Change Plans	Plug and Abandon	==	porarily Abandon		
X Final Abandonment Notice  13. Describe Proposed or Completed O	Convert to Injection	Plug Back		er Disposal	acts doubling the self	=
	onally or recomplete horizontally, give					
	work will be performed or provide the lead operations. If the operation results		-		•	
	Abandonment Notices must be filed		-			
determined that the site is ready for	or final inspection.)					
The subject well was	P&A'd on 1/28/14. Reclan	nation cannot be com	pleted as	this well is twinne	d with the Shults	
<u>-</u>	1530778) which is a produ		•			
twinned well is reclai	med.					
Please remove the su	bject well from the Burlin	gton Resources Oil &	Gas Con	npany LP bond.		
	•					
14 I hereby certify that the foregoing	s true and correct Name (Printed/Tur	ed				_

14. 1 hereby certify that the foregoing is true and correct. Name (Printed/Typed) <b>Dollie L. Busse</b>	Staff Regulatory Technician			
Signature / ///// Busse	Date 9/4	114		
THIS SPACE FOR FEE	RAL OR STATE (	OFFICE USE		
Approved by  Malk Kelly  Conditions of approval, if any, are attached. Approval of this folice does not warrant of	Titleno	Drench Chief	SEP 1 1 2014	
Conditions of approval, if any, are attached. Approval of this affice does not warrant of that the applicant holds legal or equitable title to those rights in the subject lease which entitle the applicant to conduct operations thereon.	1		Teles Rewity	

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)