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Form 3160-5 UNITED STATES			FORM APPROVED		
(August 2007)	DEPARTMENT OF THE		OMB No. 1004-0137		
	BUREAU OF LAND MAI	NAGEMENT	Expires: July 31, 2010		
			5. Lease Serial No.		
CIIN		ODTS ON WELLS	6 If Indian Allotton on Thiles	NM-6890	
	IDRY NOTICES AND REP this form for proposals		6. If Indian, Allottee or Tribe	ONS DIV DIST 2	
	• •	PD) for such proposals.		010.017 0101. 0	
	IBMIT IN TRIPLICATE - Other ins		7. If Unit of CA/Agreement, N	$M\Omega V_0 7_2 2014$	
1. Type of Well					
	X Gas Well Other	CCT 28 2014	8. Well Name and No.		
		Familicion Sale on		ese Mesa 8S	
2. Name of Operator		UNTON: OF I and Man	9 , API Well No.		
Burling	ton Resources Oil & Gas		ກວກາ 30-	045-32903	
		3b. Phone No. (include area code)	10. Field and Pool or Explorat		
PO Box 4289, Farmington, NM 87499		(505) 326-9700	Basin Fruitland Coal		
4. Location of Well (Footage, Sec., T., R			11. Country or Parish, State		
Surface Unit J (NV	NSE), 1735' FSL & 2045' F	EL, Sec. 11, T32N, R08W	San Juan	, New Mexico	
	·	·	<u> </u>		
12. CHECK 1	12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA				
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION				
X Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off	
A Rouce of Intent	Alter Casing		Reclamation	Well Integrity	
Subsequent Report	Casing Repair	느 느	Recomplete	X Other TA Status	
	Change Plans		Femporarily Abandon	Extension	
Final Abandonment Notice	Convert to Injection		Water Disposal	EXCUSION	
	<u> </u>	ails, including estimated starting date of a	•	agte duration thereof	
Testing has been completed. Final determined that the site is ready for	Abandonment Notices must be filed or final inspection.) A'd on 11/15/11. Burlingto	in a multiple completion or recompletion only after all requirements, including rect on Resouces requests perm	amation, have been completed a	nd the operator has	
		ACTI OPEJ AUTI	'S APPROVAL OR ACCEP ON DOES NOT RELIEVE RATOR FROM OBTAININ IORIZATION REQUIREI EDERAL AND INDIAN L	THE LESSEE AND IG ANY OTHER) FOR OPERATIONS	
TA approved un 14. Thereby certify that the foregoing is	Strue and correct. Name (Printed/Type rleen White	ed)	Staff Regulatory Te	chnician	
· · ·	·	Title		···	
Signature (Uller	White	Date 10/28	14		
	THIS SPACE FO	OR FEDERAL OR STATE OF	FICE USE		
Approved by <u>TFON</u> <u>Salvers</u> Conditions of approval, if any, are attact that the applicant holds legal or equitab			<u>Froleum Eng</u> .	Date 11 4 2014	
entitle the applicant to conduct operatio	ons thereon.		1 TU		
Title 18 U.S.C. Section 1001 and Title false, fictitious or fraudulent statements		ne for any person knowingly and willfull ithin its jurisdiction	y to make to any department or a	gency of the United States any	
	or representations as to any matter w		<u> </u>	//	
(Instruction on page 2)		NINUUDA		¥I,	