| Submitted | in li | ieu of | Form | 3160-5 | (June) | 1990) |
|-----------|-------|--------|------|--------|---------|-------|
|-----------|-------|--------|------|--------|---------|-------|

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT" - for such proposals.

1. Type of Well:

Gas

2. Name of Operator:

BURLINGTON RESOURCES OIL & GAS COMPANY LP

3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 1850' FSL & 1190' FWL

S: 24 T: 027N R: 009W U: L

JAN 08 2015

FORM APPROVED Budget Bureau No. 1004-013577 - 773 () 7.06 Expires: March 31, 19937 โ. การ โ. การ เวเตอาการกา

5. Lease Number: NOG-0652-1132

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name: NMNM18394 8. Well Name and Number:

- HUERFANITO UNIT 97
- 9. API Well No. 3004506356

10. Field and Pool: DK - BASIN::DAKOTA

11. County and State:

SAN JUAN, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

| Notice of Intent | Recompletion | Change of Plans |
|---------------------|----------------------|-------------------------|
| X Subsequent Report | Plugging Back | New Construction |
| Final Abandonment | Casing Repair | Non-Routine Fracturing |
| Abandonment | Altering Casing | Water Shut Off |
| | X Other- Re-Delivery | Conversion to Injection |
| | · | |

13. Describe Proposed or Completed Operations 5

| Ŭ | This well | was re-delivered on 1/7/2015 and produced natural gas and entrained hydrocarbons. | e |
|---|-----------|---|---|
| | Noton | | |

| IŞSUES. | ERED WELL ON 17773 AFT | ER BEING SHOT-INT OR MOR | RECEIVED | | |
|----------------|------------------------|--------------------------|--------------|--|--|
| TP: 511 | CP: 511 | Initial MCF: 500 | | | |
| Meter No.: | 75325 | | JAN 1.5 2015 | | |
| Gas Co.: | ENT | | NMOCD | | |
| Proj Type.: | REDELIVERY | | | | |

14. I Hereby certify that the foregoing) is true and correct.

| Signed Atty lie | Title: Staff Regulat | tory Tech. Date: 1/7/2015 | |
|---|--|--|------|
| (This Space for Federal or State Office Use) | | ACCEPTED FOR RE | CORD |
| APPROVED BY: | Title: | Date: | |
| CONDITION OF APPROVAL, if any: | | | |
| Title 18 U.S.C. Section 1001, makes it a crime United States any false, fictitious or fraudulent | e for any person knowingly and willfit statements. | ully to make to an department of ElELD | |

NMOCDLC