

Submitted in lieu 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.

AMENDED REPORT

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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FEB 25 2015

Farmington Field Office
Bureau of Land Management

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: 1055' FSL & 2560' FEL

S: 28 T: 030N R: 007W U: O

5. Lease Number:

NM-02151

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 30-6 UNIT 91R

9. API Well No.

3003926265

10. Field and Pool:

MV - BLANCO::MESAVERDE

PC - LA JARA CANYON::PICTURED CLIFFS

11. County and State:

RIO ARRIBA, NM

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

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut Off
	<input checked="" type="checkbox"/> Other- Re-Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 3/7/2014 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED, WELL SHUT IN FOR DOWN HOLE COMMINGLE. NOW PRODUCING THROUGH METER 98281.

TP: 152

CP: 152

Initial MCF: 50

Meter No.: 98281

Gas Co.: ENT

Proj Type.: REDELIVERY

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MAR 03 2015

NMOCD

DISTRICT III

14. I hereby certify that the foregoing is true and correct.

Signed

Patsy Clugston
Patsy Clugston

Title: Staff Regulatory Tech.

Date: 2/24/2015

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date: FEB 25 2015

CONDITION OF APPROVAL, if any:

NMOCD

FARMINGTON FIELD OFFICE
BY: *CM*

KL