

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.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

MAR 03 2015

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: 1762' FSL & 1010' FEL
S: 08 T: 029N R: 07W U: L

5. Lease Number:

SF-078423

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-7847B-DK NMNM-7847A-MV

8. Well Name and Number:

SAN JUAN 29-7 UNIT 140P

9. API Well No.

3003931260

10. Field and Pool:

DK - BASIN::DAKOTA
MV - BLANCO::MESAVERDE

11. County and State:

, 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-First Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 2/20/2015 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH THE GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV ON 2/20/15, MV & DK FLOWING TOGETHER ON 2/24/15. PRODUCED FOR 6 DAYS, WITH AN AVERAGE OF 1781 MCF PER DAY.

TP: CP: Initial MCF: 10689

Meter No.: 91139

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Denise Journey

Title: Staff Regulatory Tech.

Date: 3/2/2015

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date: MAR 03 2015

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE
BY: *CMC*

NMCCD FV

KC