Submitted in lieu of Form 3160-5 (June 1990) **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** RECEIVED FORM APPROVED SUNDRY NOTICES AND REPORTS ON WELLS Budget Bureau No. 1004-0135 APR 08 2015 Do not use this form for proposals to drill or to deepen or reentry to a Expires: March 31, 1993 different reservoir. Use "APPLICATION FOR PERMIT" - for such proposals. Farmington Field Office Bureau or Land Management 1. Type of Well: 5. Lease Number: SF-078423 Gas 6. If Indian, allottee or Tribe Name: 2. Name of Operator: BURLINGTON RESOURCES OIL & GAS COMPANY LP 7. Unit Agreement Name: 3. Address and Phone No. of Operator: NMNM78417A-MV 8. Well Name and Number: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700 SAN JUAN 29-7 UNIT 43 9. API Well No. 4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 1850' FSL & 1050' FWL 3003907661 S: 08 T: 029N R: 007W U: L 10. Field and Pool: MV - BLANCO::MESAVERDE 11. County and State: RIO ARRIBA, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Notice of Intent Recompletion Change of Plans Subsequent Report Plugging Back **New Construction** Final Abandonment Casing Repair Non-Routine Fracturing Abandonment Altering Casing Water Shut Off Other- Re-Delivery Conversion to Injection 13. Describe Proposed or Completed Operations This well was re-delivered on 3/31/2015 and produced natural gas and entrained hydrocarbons. Notes: REDELIVERED SHUT IN FOR MORE THAN 90 DAYS DUE TO DOWNHOLE ISSUES OIL CONS. DIV DIST. 3 TP: 229 **CP:** 218 Initial MCF: 488 APR 1 3 2015 Meter No.: 71190 Gas Co.: **ENT** Proj Type.: REDELIVERY 14. I Hereby certify that the foregoing is true and correct. Title: Staff Regulatory Tech. Signed Date: 4/8/2015 Denise Journey (This Space for Federal or State Office Use) ACCEPTED FOR RECORD APPROVED BY: Title: Date:

Title 18 U.S.C. Section 1001, makes 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.

CONDITION OF APPROVAL, if any:

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