Submitted in lieu of Form 3160-5 (June 1990) **UNITED STATES** DEPARTMENT OF THE INTERIOR RECEIVED **BUREAU OF LAND MANAGEMENT** FORM APPROVED SUNDRY NOTICES AND REPORTS ON WELLS Budget Bureau No. 1004-0135 NOV 0 5 2015 Do not use this form for proposals to drill or to deepen or reentry to a Expires: March 31, 1993 different reservoir. Farmington Field Office Use "APPLICATION FOR PERMIT" - for such proposals. Bureau of Land Management 1. Type of Well: 5. Lease Number: SF-079365 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: NMNM-78412B P. O. Box 4289, Farmington, NM 87499 8. Well Name and Number: (505) 326-9700 **SAN JUAN 28-6 UNIT 197** 4. Location of Well, Footage, Sec. T, R, U: 9. API Well No. FOOTAGE: 1450' FSL & 1180' FWL 3003920957 S: 14 T: 027N R: 006W U: L 10. Field and Pool: PC - BLANCO SOUTH::PICTURED CLIFFS 11. County and State: RIO ARRIBA, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Change of Plans Notice of Intent Recompletion Subsequent Report Plugging Back **New Construction** Final Abandonment Casing Repair Non-Routine Fracturing **Altering Casing** Water Shut Off Abandonment Other- Re-Delivery Conversion to Injection 13. Describe Proposed or Completed Operations This well was re-delivered on 10/1/2015 and produced natural gas and entrained hydrocarbons. Notes: WELL SHUT-IN FOR 90 DAYS DUE TO PIPELINE MAINTENANCE OIL CONS. DIV DIST. 3 TP: 132 CP: 133 Initial MCF: 41 NOV 1 9 2015 Meter No.: 89148 Gas Co.: ENT Proj Type.: REDELIVERY 14. I Hereby certify that the foregoing is true and correct. Title: Staff Regulatory Tech. Date: 11/2/2015 ACCEPTED FOR RECORD (This Space for Federal or State Office Use)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and villfully to make to any department or agency of the United States any false, fictitious or fraudulent statements.

Title:

Date:

FARMINGTON FIELD OFFICE

APPROVED BY:

CONDITION OF APPROVAL, if any:

KC