Submitted i	n lieu	of Form	3160-5	(June 1990)
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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: 1690' FNL & 1600' FWL S: 27 T: 028N R: 009W U: F FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

- 5. Lease Number: NM-077107A 6. If Indian, allottee or Tribe Name:
- 7. Unit Agreement Name:
- 8. Well Name and Number: HANCOCK 5A
- 9. API Well No. 3004526374

10. Field and Pool: CH - OTERO::CHACRA MV - BLANCO::MESAVERDE

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
х	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

This well was re-delivered on 12/10/2015 and produced natural gas and entrained hydrocarbons.

WELL SHUT IN FOR MORE THAN 90 DAYS DUE TO TANK REPLACEMENT / RETURNED TO PRODUCTION Notes:

TP: 275 CP: Meter No.: 95419 Gas Co.: ENT		CP: 667	CP: 667 Initial MCF: 263		OIL CONS. DIV DIST. 3	
		95419				
		ENT	п		JAN 1 3 2016	
	Proj Type.:	REDELIVERY				
14. I Hereby	y certify that the	e foregoing is true and co	prrect.			
Signed / Allie Busse		Title: Staff Regulatory Tech.	Date: 12/14/2	2015		
				ACCEPTED FOR RECORD		
(This Space for F	ederal or State	Office Use)			DEC 15 2015	
APPROVED BY:		Title:	Date:	FARMINGTON FIELD OFFICE		
CONDITION	OF APPROVA	L, if any:				

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. NMOCD