Form 3160-5	UNITED STATES		FORM APPROVED		
(August 2007)		DEPARTMENT OF THE INTERIOR UREAU OF LAND MANAGEMENT		OMB No. 1004-0137 Expires: July 31, 2010	
	BOREAU OF EARD MARKAGEMENT		5. Lease Serial No.		
SUNDRY NOTICES AND REPORTS ON WELLS			SF-080244		
Do not us	e this form for proposal well. Use Form 3160-3	6. If Indian, Allottee or Tribe Nan	ne		
	JBMIT IN TRIPLICATE - Other i		7. If Unit of CA/Agreement, Nam	e and/or No.	
1. Type of Well					
-	X Gas Well Othe	8. Well Name and No. Florance 2M			
2. Name of Operator	ton Pasouroos Oil & Ca	9. API Well No.	25566		
Burlington Resources Oil & Gas 3a. Address		3b. Phone No. (include area code)	30-045-35566 10. Field and Pool or Exploratory Area		
PO Box 4289, Farmington, NM 87499		(505) 326-9700		rde / Basin Dakota	
	WSE), 1531' FSL & 1330	' FEL, Sec. 21, T30N, R9W FEL, Sec. 21, T30N, R9W	11. Country or Parish, State San Juan ,	New Mexico	
12. CHECK	THE APPROPRIATE BOX(E	S) TO INDICATE NATURE OF I	NOTICE, REPORT OR OTHER	DATA	
TYPE OF SUBMISSION		TYPE OF	ACTION	1.5	
Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamation	Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete	X Other	
	Change Plans	Plug and Abandon	Temporarily Abandon	Reclamation	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
		tion of the location on 10/20 to verify ConocoPhillips h		-	
			OIL CON	S DIV DIST O	
			OIL CONS. DIV DIST. 3		
			MAR	0 3 2016	
الا. I hereby certify that the foregoing is Cŋ	true and correct. Name (Printed/Ty stal Walker	ped) Title	Regulatory Coordinator		
Signature chet.	al Walke	e Date 12	14/2015		
/	THIS SPACE F	OR FEDERAL OR STATE O	FFICE USE		
Approved by		Title	EPS	Date 1-19-16	
Conditions of approval, if any, are attach hat the applicant holds legal or equitabl entitle the applicant to conduct operation	e title to those rights in the subject le is thereon.	t warrant or certify ease which would Office	FFO		
false, fictitious or fraudulent statements			illy to make to any department or agenc	y of the United States any	
(Instruction on page 2)		NMOCD		LC	

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