	53	Martin Contraction
Submitted in lieu of Form 3160-5 (June 1990)		RECEIVED
UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		JUL 1 1 2016
SUNDRY NOTICES AND REPORTS ON WELLS	FORM APPROVED	
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.	Budget Bureau No. 1004-0135 Expires: March 31, 1993	Farmington Field Offic Bureau of Land Manage
Use "APPLICATION FOR PERMIT" - for such proposals.		
1. Type of Well:	5. Lease Number:	
Gas	NMSF-077874	
2. Name of Operator:	6. If Indian, allottee or Tribe Nam	e.
BURLINGTON RESOURCES OIL & GAS COMPANY LP	7. Unit Agreement Name:	
3. Address and Phone No. of Operator:		
P. O. Box 4289, Farmington, NM 87499	8. Well Name and Number:	
(505) 326-9700	HANKS 12Y	
4. Location of Well, Footage, Sec. T, R, U:	9. API Well No.	
FOOTAGE: 2350' FNL & 930' FEL S: 07 T: 027N R: 009W U: H	3004520688	
	10. Field and Pool:	
	FRC - BASIN CB::FRUITLAN	ID COAL
	11. County and State: SAN JUAN, NM	
Notice of Intent     Recompletion       X     Subsequent Report     Plugging Back       Final Abandonment     Casing Repair	Change of Plans New Construction Non-Routine Fracturing Water Shut Off	3
Abandonment Altering Casing X Other- Re-Delivery	Water Shut Off Conversion to Injection	gen an e se s
13. Describe Proposed or Completed Operations		
This well was re-delivered on 6/22/2016 and produced natural gas and en	trained hydrocarbons.	
Notes: WELL WAS SHUT IN WAITING FOR A COMPRESSOR ENG	INE.	
	OIL C	ONS. DIV DIST. 3
TP: 65 CP: 65 Initial MCF: 13		JUL 22 2016
Meter No.: 34348		
Gas Co.: WFC		
Proj Type.: REDELIVERY		
14. I Hereby certify that the foregoing is true and correct.		
Signed AdyG. Earth Title: Staff Regula	atory Tech. ADate: 7/7/2016	RRECORD
Space for Federal or State Office Use)	JUL 12	2016
Space for Federal or State Office Use) APPROVED BY: Title:	JUL 12	2016

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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