Submitted in lieu of Form 3160-5 (June 1990)

### 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: 1480' FNL & 985' FEL

T: 027N R: 006W U: H S: 11

# RECEIVED

FORM APPROVED

Budget Bureau No. 1004-013507 0 2 2016 Expires: March 31, 1993

> Farmington Field Office Bureau of Land Management

## 5. Lease Number:

SF-079363

### 6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name: NMNM-96738- FC

8. Well Name and Number:

SAN JUAN 28-6 UNIT NP 425

9. API Well No.

3003925160

10. Field and Pool:

FRC - BASIN CB::FRUITLAND COAL

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
x	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

**TP: 160** 

This well was re-delivered on 10/18/2016 and produced natural gas and entrained hydrocarbons.

REDELIVERED / SHUT IN FOR MORE THAN 90 DAYS DUE TO METER ISSUES / RETURNED TO PRODUCTION OIL CONS. DIV DIST. Notes:

Initial MCF: 113

Meter No.: 97525

CP: 163

Gas Co.: ENT

Proj Type.: REDELIVERY

(This Space for Federal or State Office Use) NOV03 2016	14. I Hereby certify that the foregoing is true an Signed		latory Tech. Date:	
(This Space for Federal or State Office Use) APPROVED BY: Title: Date: NOV 07 2016				
		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.

NMOCD