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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

DEC 02 2016

SUNDRY NOTICES AND REPORTS ON WELLS

Farmington Field Office
Bureau of Land Management

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 1850' FNL & 990' FEL

S: 13 T: 027N R: 008W U: H

5. Lease Number:

NM-019402

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 27-8 B 3

9. API Well No.

3004506516

10. Field and Pool:

FRC - BASIN CB::FRUITLAND COAL

PC - BLANCO SOUTH::PICTURED CLIFFS

11. County and State:

SAN JUAN, NM

OIL CONS. DIV DIST. 3

DEC 08 2016

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut Off
	<input checked="" type="checkbox"/> Other- Re-Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 12/1/2016 and produced natural gas and entrained hydrocarbons.

Notes: RE-DELIVERY / DOWNHOLE ISSUES

TP: 265

CP: 265

Initial MCF: 108

Meter No.: 14456

Gas Co.: ENT

Proj Type.: REDELIVERY

ACCEPTED FOR RECORD

DEC 05 2016

FARMINGTON FIELD OFFICE
BY: *[Signature]*

14. I Hereby certify that the foregoing is true and correct.

Signed

Christine B. [Signature]

Title: Staff Regulatory Tech.

Date: 12/2/2016

(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

Date: _____

CONDITION OF APPROVAL, if any: _____

NMOCD *RV*