Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR

RECEIVED

FORM APPROVED OMB No. 1004-0137

Expires:	July

	BUREAU OF LAND MAN	AGEMENT	4K Z	Expires: J	uly 31, 2010	
		1	51 14 L	5. Lease Serial No.		
en	INDRY NOTICES AND REPO	DTS ON WELLS	The sale of		-078622	
Do not u	se this form for proposals to	drill or to re-enteral	nngton Nof Lan	d Management	anc	
	d well. Use Form 3160-3 (AF					
	SUBMIT IN TRIPLICATE - Other instr	ructions on page 2.		7. If Unit of CA/Agreement, Na	me and/or No.	
1. Type of Well Oil Well X Gas Well Other			8. Well Name and No.			
			Luthy A 4			
2. Name of Operator Rurlin	ngton Resources Oil & Gas C	Company I P		9. API Well No. 30-0	45-26613	
		3b. Phone No. (include area coo	de)	10. Field and Pool or Exploratory Area		
PO Box 4289, Farmington, NM 87499		(505) 326-9700		South Blanco Pictured Cliffs		
4. Location of Well (Footage, Sec., T. Surface Unit G	.,R.,M., or Survey Description) (SWNE), 2250' FNL & 1610' F	FEL, Sec. 1, T26N, R8	w	11. Country or Parish, State San Juan ,	New Mexico	
12. CHECK	THE APPROPRIATE BOX(ES)	TO INDICATE NATURE	OF NO	TICE, REPORT OR OTHE	R DATA	
TYPE OF SUBMISSION		TYPE OF ACTION				
Notice of Intent	Acidize	Deepen	P	roduction (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	X R	eclamation	Well Integrity	
X Subsequent Report	Casing Repair	New Construction	=	ecomplete	X Other	
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back		emporarily Abandon atter Disposal	P&A Corrective Reclamation	
	Operation: Clearly state all pertinent detail					
completed on 4/2/12. Following an inspection	P&A'd on 2/21/11 and Burling on by Burlington Resources,	, the location was rip	ped, d			
on location were also	cleaned out and an addition	-	i.			
	OILCO	DNS. DIV DIST. 3				
	r	DEC 0 5 2016				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PPROVE	رلا	
14. I hereby certify that the foregoing	is true and correct. Name (Printed Typed))				
	is true and correct. Name (Printed Typed,		egulato	ory Technician	· · · · · · · · · · · · · · · · · · ·	
14. I hereby certify that the foregoing Dollie L. Busse Signature	is true and correct. Name (Printed Typed)			ory Technician		
Dollie L. Busse	& Busse	Title Staff R	24/	115		
Dollie L. Busse	& Busse	Title Staff R	E OFF	115	Date 1/22/16	
Approved by Conditions of approval, if any, are after	THIS SPACE FOR the ched. Approval of this notice does not was the title to those rights in the subject lease	Date 4/2	E OFF	115	Date 1/22/16	