Submitted in lieu of Form 3160-5 (June 1990)		
UNITED STATES DEPARTMENT OF THE INTERIOR		
BUREAU OF LAND MANAGEMENT	FORM APPROVED	RECEIVED
SUNDRY NOTICES AND REPORTS ON WELLS	Budget Bureau No. 1004-0135	
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.		APR 0 5 2017
Use "APPLICATION FOR PERMIT" - for such proposals.	Far Burea	mington Field Office
1. Type of Well: Gas	5. Lease Number: SF-079205	and Management
2. Name of Operator:	6. If Indian, allottee or Tribe Name:	
BURLINGTON RESOURCES OIL & GAS COMPANY LP		
3. Address and Phone No. of Operator:	7. Unit Agreement Name:	
P. O. Box 4289, Farmington, NM 87499	8. Well Name and Number: OIL CONS.	div dist. 3
(505) 326-9700		
4. Location of Well, Footage, Sec. T, R, U:	9. API Well No.	0 2017
4. Location of well, Footage, Sec. 1, R, U: FOOTAGE: 2285' FNL & 1655' FEL	3004527292	
S: 18 T: 028N R: 008W U: G		
	10. Field and Pool:	
	FRC - BASIN CB::FRUITLAND COAL	•
	11. County and State: SAN JUAN, NM	
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPOR	RT, 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		
This well was re-delivered on 3/24/2017 and produced natural gas and ent	rained hydrocarbons.	
Notes: REDELIVERED / SHUT IN FOR MORE THAN 90 DAYS DUE	TO PIPELINE ISSUE / RETURNED TO PRODU	CTION
	ACCEPTED FOR RECO	IRD
TP: 45 CP: 45 Initial MCF: 198	APR 06 2017	
Meter No.: 92488 Gas Co.: ENT	FARMINGTON FIELD OFF BY: William Tan	be kon
Proj Type.: REDELIVERY		
14. I Hereby certify that the foregoing is true and correct.		
Signed Allie Busse Title: Staff Regula	tory Tech. Date: 4/4/2017	
(This Space for Federal or State Office Use)		
APPROVED BY: Title:	Date:	
CONDITION OF APPROVAL, if any:		
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and will United States any false, fictitious or fraudulent statements.	fully to make to any department or agency of the	

NMOCDPV