

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.

RECEIVED

MAY 24 2017

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

Farmington Field Office  
Bureau of Land Management

## 1. Type of Well:

Gas

## 2. Name of Operator:

BURLINGTON RESOURCES OIL &amp; 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: 990' FNL &amp; 800' FEL

S: 33 T: 025N R: 007W U: A

## 5. Lease Number:

SF-078876

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

## 7. Unit Agreement Name:

## 8. Well Name and Number:

CANYON LARGO UNIT 114

## 9. API Well No.

3003920540

## 10. Field and Pool:

PC - BALLARD::PICTURED CLIFFS

## 11. County and State:

RIO ARRIBA, NM

OIL CONS. DIV DIST. 3  
JUN 02 2017

## 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 5/12/2017 and produced natural gas and entrained hydrocarbons.

Notes: COMPRESSOR SWAP

OIL CONS. DIV DIST. 3

JUN 02 2017

ACCEPTED FOR RECORD

MAY 30 2017

FARMINGTON FIELD OFFICE  
BY: *[Signature]*

TP: CP: Initial MCF: 33

Meter No.: 87655

Gas Co.: ENT

Proj Type.: REDELIVERY

## 14. I hereby certify that the foregoing is true and correct.

Signed

*[Signature]*

Title: Staff Regulatory Tech.

Date: 5/23/2017

(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 willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements.

NMOCD *[Signature]*