

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 & 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: 1490' FNL & 1780' FWL

S: 34 T: 025N R: 007W U: F

5. Lease Number:

SF-078987

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

CANYON LARGO UNIT 198

9. API Well No.

3003920703

10. Field and Pool:

PC - BALLARD::PICTURED CLIFFS

11. County and State:

RIO ARRIBA, NM

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

TP: CP: Initial MCF: 20

Meter No.: 87842

Gas Co.: ENT

Proj Type.: REDELIVERY

MAY 30 2017

FARMINGTON FIELD OFFICE

BY: *[Signature]*

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

Signed

[Signature]

Title: Staff Regulatory Tech.

Date: 5/24/2017

(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]*