Submitted in lieu of Form 3160-5 (June 1990)

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.



FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

AUG 3 1 2009

Bureau of Land Management Farmington Field Office

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1. Type of Well: Gas		5. Lease Number:		
		NMSF-078081		
2. Name of Operator: BURLINGTON RESOURCES OIL & GAS COMPANY LP		6. If Indian, allottee or Tribe Name:7. Unit Agreement Name:		
				3. Address and Phone No. of Operator:
P. O. Box 4289, Farmington, NM 87499		8. Well Name and Number:		
(505) 326-9700		HUERFANITO	UNIT 31	
4. Location of Well, Footage, Sec. T, R, U:		9. API Well No.		
FOOTAGE: 1700' FSL & 990' FWL		3004506132		
S : 33 T : 027N R : 009W U :	L	10. Field and Pool:		
		PC - BALLARD::P	CTURED CLIFFS	
		11. County and State:		
		SAN JUAN, NM		
12. CHECK APPROPRIATE BOX TO INDICATE N	ATURE OF NOTICE, REP	ORT, OTHER DATA		
Notice of Intent	Recompletion	Change of	Plans	
X Subsequent Report	Plugging Back	New Constr	New Construction	
Final Abandonment	Casing Repair	Non-Routin	Non-Routine Fracturing	
Abandonment Altering Casing		Water Shut Off		
)	C Other- Re-Delivery	Conversion	to Injection	
13. Describe Proposed or Completed Operation	S			
This well was re-delivered on 7/22/2009 and	produced natural gas and e	entrained hydrocarbons.		
Notes: THIS WELL WAS REDELIVERED	D AFTER BEING SHUT IN	MORE THAN 90 DAYS DUE T	O COMPRESSOR FAILURE	
			ROVD SEP 17 '09	
TP: 60 CP: 60	Initial MCF: 22		OIL CONS. DIV.	
Meter No.: 71256			77.5	
Gas Co.: EFS				
Proj Type.: REDELIVERY				
14. I Hereby certify that the foregoing is true and	d correct.			
Signed Jam Alsain Tamra Sessions	Title: Staff Reg	ulatory Tech. Date: 8	/31/2009	
			ACCEPTED FOR RECORD	
nis Space for Federal or State Office Use)			SEP 0 1 2009	
APPROVED BY:	Title:	Date:	_	
			FARMINGTON FIELD OFFICE	
CONDITION OF APPROVAL, if any:			BY	