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.

RECEIVED

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

APR 08 2015

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: 1600' FSL & 900' FWL
S: 08 **T:** 029N **R:** 007W **U:** L

5. Lease Number:
SF-078423

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:
NMNM-78417C-PC NMNM-78417D-FC

8. Well Name and Number:
SAN JUAN 29-7 UNIT 520

9. API Well No.
3003925635

10. Field and Pool:
FRC - BASIN CB::FRUITLAND COAL
PC - BLANCO::PICTURED CLIFFS

11. County and State:
RIO ARRIBA, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, 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 3/31/2015 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED SHUT IN FOR MORE THAN 90 DAYS DUE TO DOWNHOLE ISSUES

OIL CONS. DIV DIST. 3

APR 13 2015

TP: 150 **CP:** 150 **Initial MCF:** 240

Meter No.: 99406

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed Denise Journey Denise Journey **Title:** Staff Regulatory Tech. **Date:** 4/8/2015

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY: _____ **Title:** _____ **Date:** APR 08 2015

FARMINGTON FIELD OFFICE
BY: _____

CONDITION OF APPROVAL, if any: _____

NMOCD

KC