

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

JUL 07 2011

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: 1930' FSL &amp; 670' FWL

S: 01 T: 025N R: 006W U: L

## 5. Lease Number:

SF-078885

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

## 7. Unit Agreement Name:

## 8. Well Name and Number:

CANYON LARGO UNIT 239N

## 9. API Well No.

3003930883

## 10. Field and Pool:

CH - OTERO::CHACRA

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

## 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-First Delivery	<input type="checkbox"/> Conversion to Injection

## 13. Describe Proposed or Completed Operations

This well was first delivered on 6/24/2011 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE CH, MV & DK TOGETHER ON 06/24/11. FINISHED THE GAS RECOVERY COMPLETION 06/30/11.

TP:

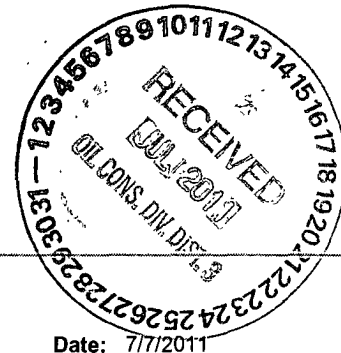
CP:

Initial MCF: 6397

Meter No.: 88947

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION



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

Signed

Tamra Sessions

Title: Staff Regulatory Tech.

Date: 7/7/2011

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY:

Title:

Date:

JUL - 8 2011

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE  
BY *MNT*

NMOCD A