

**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

RECEIVED

AUG 24 2011

Farmington Field Office
Bureau of Land Management

1. Type of Well:

Gas

5. Lease Number:

SF-078423

2. Name of Operator:

BURLINGTON-RESOURCES-OIL-& GAS COMPANY-LP

6. If Indian, allottee or Tribe Name:**3. Address and Phone No. of Operator:**

P. O. Box 4289, Farmington, NM 87499
(505) 326-9700

7. Unit Agreement Name:

NMNM-78417B-DK
NMNM-78417A-MV

8. Well Name and Number:

SAN JUAN 29-7 UNIT 86N

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 480' FNL & 2075' FEL

S: 17 T: 029N R: 007W U: B

9. API Well No.

3003931000

10. Field and Pool:

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 8/11/2011 and produced natural gas and entrained hydrocarbons.

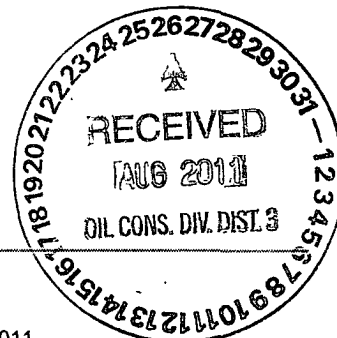
Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV & DK TOGETHER ON 08/11/11. FINISHED THE GAS RECOVERY COMPLETION 08/17/11.

TP: CP: Initial MCF: 5838

Meter No.: 88967

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Tamra Sessions
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 8/19/2011

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date: AUG 24 2011

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE
BY *CM*

NMOCD *la*