UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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OCT 18 2011

FORM APPROVED

Budget Bureau No. 1004-0135 Farmington Field Office Expires: March 31, 1993 Bureau of Land Managemen.

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.

1. Type of Well:	5.	Lease Number:
Gas		NM-03017
2. Name of Operator:	6.	If Indian, allottee or Tribe Name:
BURLINGTON RESOURCES OIL & GAS CO	AMPANY I D	
BUNEINGTON RESOURCES OF & GAS CO		Unit Agreement Name:
3. Address and Phone No. of Operator:		NMNM-783950-FC
P. O. Box 4289, Farmington, NM 87499	8.	Well Name and Number:
(505) 326-9700	····	HUERFANO UNIT 258S
4. Location of Well, Footage, Sec. T, R, U:	9.	API Well No.
FOOTAGE: 1190' FNL & 840' FEL		3004530699
S: 36 T: 027N R: 010W U: A	10). Field and Pool:
	•••	FRC - BASIN CB::FRUITLAND COAL
	11	I. County and State:
	•••	SAN JUAN, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATI	UPE OF NOTICE DEPORT OF	UED 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 10/13/2011 and pro	aduced natural age and antrained	d hydrocarbone DAID SOT GE 11 1
	_	110 th and ma
Notes: THIS WELL WAS SHUT IN MORE T	HAN 90 DAYS WAITING ON EC	QUIPMENT REPAIR
		NIL CONS. DIV.
		OIL VEND. III
TP : 56 CP : 56	Initial MCF: 199	DIST. 3
		UlD1. C
Meter No.: 98412		
Gas Co.: ENT		
Proj Type.: REDELIVERY		-
14. I Hereby certify that the foregoing is true and co	rrect.	
Signed Oil Service	Title - Stoff Degulator - To	Dete: 10/19/2014
Signed Win Jeszin Tamra Sessions	Title: Staff Regulatory Te	ech. Date: 10/18/2011
ranna occasiona		A. A. S.
This Space for Federal or State Office Use)		A. THE SINU
APPROVED BY:	Title:	Date 90 i 1 9 2011
		FARMINGTON FIELD OFFICE
CONDITION OF APPROVAL, if any:		BY CM.
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