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UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVED

OCT 13 2011

	Sundry Notices and Reports on Wells	Fa	armington Field Office au of Land Managemen
_		5.	Lease Number
1	TI	_	SF-079367
1.	Type of Well GAS	6.	If Indian, All. or Tribe Name
2.	Name of Operator BURLINGTON	7.	Unit Agreement Name San Juan 27-5 Unit
	RESCURCES OIL & GAS COMPANY LP		
3.	Address & Phone No. of Operator	– 8.	Well Name & Number San Juan 27-5 Unit 34
	PO Box 4289, Farmington, NM 87499 (505) 326-9700	9.	API Well No.
4.	Location of Well, Footage, Sec., T, R, M	_	30-039-06869
٠.	Unit M (SWSW), 1090' FSL & 890' FWL, Section 30, T27N, R5W, NMPM	10.	Field and Pool Blanco MV / So. Blanco PO
		11.	County and State Rio Arriba, NM
12.	CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, O	THER	DATA
	Type of Submission Type of Action X Notice of Intent Abandonment Change of Plans	v	Other Devented Communate
	X Notice of Intent Abandonment Change of Plans Recompletion New Construction		Other – Downhole Commingle
	Subsequent Report Plugging Non-Routine Fracturing		
	Casing Repair Water Shut off		
	Final Abandonment Altering Casing Conversion to Injection		
13.	Describe Proposed or Completed Operations		
Sou Nu the	s intended to remove the packer on the dual well and commingle the production from the Blatch Blanco Pictured Cliffs (pool 72439). The production will be commingled according to Comber 11363. Allocation and methodology will be provided after the well is completed. Corproduction. The Bureau of Land Management has been notified in writing of this application posed perforations are: PC - 3096' - 3150'; MV - 4780' - 5364' These perforations are in	oil Consonmingli nmingli on.	ervation Division Order ng will not reduce the value of
	referenced in Order #R- 10694 interest owners were not re-notified.	штvD.	RECEIVED
BR	will use some form of the subtraction method to establish an allocation for commingled we	lls.	OIL CONS. DIV. DIST 3
14	I hereby certify that the foregoing is true and correct.		RECEIVE DELIZORS DIV. DIST 3
14.	Thereby certify that the foregoing is true and correct.		
Sig	ned Sal Tafeya Crystal Tafoya Title: Staff Regula	atory Te	echnician Date 10 12 201
AP	is space for Federal or State Office use) PROVED BY for from Title 6.0		Date
Title	NDITION OF APPROVAL, if any: 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of nited States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction		