

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.

RCVD DEC 14 '11

FORM APPROVED

OIL CONS. DIV.

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

RECEIVED

DEC - 1 2011

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: 695' FNL & 1406' FEL

S: 35 T: 031N R: 009W U: B

5. Lease Number: Farmington Field JMC
SF-078439 Bureau of Land Management

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

JOHNSTON FEDERAL 9M

9. API Well No.

3004535151

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

11. County and State:

SAN JUAN, 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 11/22/2011 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 11/22/11, MV & DK FLOWING TOGETHER ON 11/25/11. FINISHED THE GAS RECOVERY COMPLETION 11/29/11.

TP: CP: Initial MCF: 432

Meter No.: 88993

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: 12/1/2011

(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

Date: _____

CONDITION OF APPROVAL, if any: _____

ACCEPTED FOR RECORD

DEC 05 2011

FARMINGTON FIELD OFFICE
BY: [Signature]

NMOCD

A