			NMA	er.	
С	CONDITION OF APPROVAL, if any:			Alta	
	Space for Federal or State Office Use) PPROVED BY:	Title:		Date:	JAN 2 4 2012 RMINGTOWERLD OFFICE
	Marie Jaramillo			AC(CEPTED FOR RECORD
1	4. I Hereby certify that the foregoing is rue a		Regulatory Tech.	Date: 1/2	20/2012
	Proj Type.: REDELIVERY			· · · · · · · · · · · · · · · · · · ·	
	Gas Co.: WFC				
	Meter No.: 83403				VLJ1. U
	TP: 289	Initial MCF:	1072		OIL CONS. DIV. DIST. 3
	Notes: SHUT IN FOR MORE THAN 90	DAYS DUE TO SURFAC	CE EQUIPMENT RE	PAIRS.	RCVD JAN 27'12
	This well was re-delivered on 1/12/2012 ar	nd produced natural gas a	nd entrained hydroca	arbons.	DAIR TALLATIN
1	3. Describe Proposed or Completed Operation	ons ·			
		X Other- Re-Delivery		Conversion to	
	Final Abandonment Casing Repair Abandonment Altering Casing		Non-Routine Fracturing Water Shut Off		
	X Subsequent Report Plugging Ba		New Construction		
	Notice of Intent	Recompletion		Change of P	lans
1	2. CHECK APPROPRIATE BOX TO INDICATE	NATURE OF NOTICE, F	REPORT, OTHER DA	ATA	
			11. Coun	ty and State: N JUAN, NM	
	S: 31 T: 032N R: 006W U: E		10. Field and Pool: DK - BASIN::DAKOTA NMNM 104813 MV - BLANCO: MESAVERDENMNM 104812		
FOOTAGE: 1700' FNL & 1200' FWL			3004530677		
4	. Location of Well, Footage, Sec. T, R, U:		9. API We		
	P. O. Box 4289, Farmington, NM 8749 (505) 326-9700	9	8. Well Name and Number: ALLISON UNIT COM 76		
_ 3	Address and Phone No. of Operator:		7. Unit Agreement Name:		
2	2. Name of Operator: BURLINGTON RESOURCES OIL & GAS COMPANY LP		6. If India	in, allottee or T	пре мате:
_	Gas		FEE 6. If Indian, allottee or Tribe Name:		
1	. Type of Well:		5. Lease		Bureau of Land Managemen.
	Use "APPLICATION FOR PERMIT" - for such p	proposals.			Farmington Field Office
	Do not use this form for proposals to drill or to o	leepen or reentry to a	Expires N	March 31, 1993	JAN 23 2012
	SUNDRY NOTICES AND REPORTS ON WEL	LS	FORM AF	PPROVED	RECEIVED
	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				

Submitted in lieu of Form 3160-5 (June 1990)

UNITED STATES