submitted in lieu of Form 3160-5

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## RECEIVED

MAR 13 2012

_			nington Field Office
	Sundry Notices and Reports on Wells	Bureau	of Land Managemen.
			ase Number -078717
1.	Type of Well GAS	6. If I	ndian, All. or be Name
2.	Name of Operator	7. Un	it Agreement Name
	BURLINGTON RESCURCES OIL & GAS COMPANY LP		
3.	Address & Phone No. of Operator		ell Name & Number enier B 5M
_	PO Box 4289, Farmington, NM 87499 (505) 326-9700	9. <b>AP</b>	I Well No.
4.	Location of Well, Footage, Sec., T, R, M		045-33201
Unit N (SESW), 1005' FSL & 1880' FWL, Section 6, T29N, R10W, NMPM			ld and Pool sin DK / Blanco MV
			unty and State 1 Juan, NM
12	. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OT	HER DAT	<b>A</b>
	Type of Submission Type of Action X Notice of Intent Abandonment Change of Plans	X Other	
	Subsequent Report Recompletion New Construction Plugging Non-Routine Fracturing Casing Repair Water Shut off		
2	Final Abandonment Altering Casing Conversion to Injection		
13	. Describe Proposed or Completed Operations		
Du	12/2012 Notified BLM (Stephen Mason) & OCD (Brandon Powell) of request to Plugback Daluring tubing repair work discovered DK formation making approximately 30bwph. Requested top perf @ 6584'. Perform PT and run tubing. Verbal approval received.	permission	to set CIBP @ 6534' with
	vop port & coort verzerni i i and ran vaerige verear apprevanteere		CVD MAR 19'12 DIL CONS. DIV. DIST. 3
14.	. I hereby certify that the foregoing is true and correct.		
Sig	gned Jalahar Crystal Tafoya Title: Staff Regulat	ory Technic	ian Date <u>3  3</u>   2
AP	his space for Federal or State Office use) PROVED BY Original Signed: Stephen Mason Title ONDITION OF APPROVAL, if any:	Date	MAR 1 3 2012

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction