UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

CONDITION OF APPROVAL, if any:

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

FORM APPROVED CONTROL

Budget Bureau No. 1004-0135

Expires: March 31, 1993 APR 12 2012

| APPROVED BY: | Title: | Date: MAT 1 201 | · |
|---|--|---|---|
| This Space for Federal or State Office Use) | | Date: MAY 1 8 201 | 19 |
| Signed Jam Sessions Tamra Sessions | Title: Staff Reg | Date: 4/11/2012 | PECOND |
| Proj Type.: REDELIVERY 14. I Hereby certify that the foregoing is true | ue and correct. | | |
| Meter No.: 36294 Gas Co.: WFC | | | |
| TP: 44 | 4 Initial MCF: 34 | oder Dist. 3 | |
| | | RCVD MAY 22 '1 OIL CONS. DIV | |
| Notes: THIS WELL WAS SHUT IN | MORE THAN 90 DAYS DUE TO | D LOGGING OFF. | • |
| This well was re-delivered on 3/15/2012 | and produced natural gas and | entrained hydrocarbons. | |
| 13. Describe Proposed or Completed Oper | ations | | · · · · · · · · · · · · · · · · · · · |
| | X Other- Re-Delivery | Conversion to Injection | |
| Final Abandonment Abandonment | Casing Repair Altering Casing | Non-Routine Fracturing Water Shut Off | |
| X Subsequent Report | Plugging Back | New Construction | |
| 12. CHECK APPROPRIATE BOX TO INDICA Notice of Intent | TE NATURE OF NOTICE, REP Recompletion | ORT, OTHER DATA Change of Plans | |
| | | SAN JUAN, NM | ragional address; éponado Militerán pagipose suprisse sup |
| | | 11. County and State: | |
| | | FRC - BASIN CB::FRUITLAND COAL PC - FULCHER-KUTZ::PICTURED CLIFFS | |
| S : 10 T : 029N R : 012W | U : B | 10. Field and Pool: | |
| FOOTAGE: 875' FNL & 1675' FEL | | 3004530381 | |
| (505) 326-9700 4. Location of Well, Footage, Sec. T, R, U: | | CORNELL 100 9. API Well No. | |
| P. O. Box 4289, Farmington, NM 87499 | | 8. Well Name and Number: | |
| BURLINGTON RESOURCES OIL & 3. Address and Phone No. of Operator: | GAS COMPANY LP | 7. Unit Agreement Name: | |
| 2. Name of Operator: | OAO OOMBANIYA B | 6. If Indian, allottee or Tribe Name: | |
| Gas | | SF-076465 | |
| 1. Type of Well: | | Bureau of Land Managemen. 5. Lease Number: | |
| Use "APPLICATION FOR PERMIT" - for suc | h proposals. | Farmington Field Office | |