Submitted in lieu of Form 3160-5 (June 1990) **UNITED STATES** RECEIVED DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** FORM APPROVED SUNDRY NOTICES AND REPORTS ON WELLS Budget Bureau No. 1004-0135 JUN 20 2012 Do not use this form for proposals to drill or to deepen or reentry to a Expires: March 31, 1993 different reservoir. Farmington Field Office Bureau of Land Managemei. Use "APPLICATION FOR PERMIT" - for such proposals. 1. Type of Well: 5. Lease Number: Gas SF-078118-A 2. Name of Operator: 6. If Indian, allottee or Tribe Name: BURLINGTON RESOURCES OIL & GAS COMPANY LP 7. Unit Agreement Name: 3. Address and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 8. Well Name and Number: (505) 326-9700 JOHNS 1B 4. Location of Well, Footage, Sec. T, R, U: 9. API Well No. FOOTAGE: 1690' FNL & 2205' FEL 3004535253 S: 19 T: 032N R: 011W U: G 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 Notice of Intent Recompletion Change of Plans Subsequent Report Plugging Back **New Construction** Final Abandonment Casing Repair Non-Routine Fracturing Abandonment Altering Casing Water Shut Off Other-First Delivery Conversion to Injection 13. Describe Proposed or Completed Operations This well was first delivered on 6/12/2012 and produced natural gas and entrained hydrocarbons. THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 06/12/12, Notes: MV & DK FLOWING TOGETHER ON 06/13/12. FINISHED THE GAS RECOVERY COMPLETION 06/15/12. TP: CP: Initial MCF: 6507 RCVD JUN 27'12 Meter No.: 91039 OIL CONS. DIV. Gas Co.: ENT DIST. 3 Proj Type.: GAS RECOVERY COMPLETION 14. I Hereby certify that the foregoing is true and correct. Title: Staff Regulatory Tech. Date: 6/19/2012 Signed.

Title:

ACCEPTED FOR RECORD

JUN 2 0 2012

FARMINGTON FIELD OFFICE

Date:

Tamra Sessions

(This Space for Federal or State Office Use)

CONDITION OF APPROVAL, if any:

APPROVED BY: