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Form 3160-5 (August 2007) UNITED STATES
DEPARTMENT OF THE INTERIOR AUG 06 2012

FORM APPROVED OMB No 1004-0137

BUREAU OF LAND MANAGEMENT				Expires: July 31, 2010		
BUREAU OF LAND MANAGEMENT Farmington Field C Bureau of Land Mana				5 Lease Senal No		
			_and Mana	, Oi	F-07 <u>9250</u>	
	DRY NOTICES AND REPO		4	6 If Indian, Allottee or Tribe N	ame	
	ethis form for proposals ( well. Use Form 3160-3 (A					
			uusais.	l		
SUBMIT IN TRIPLICATE - Other instructions on page 2.				7 If Unit of CA/Agreement, Name and/or No		
1 Type of Well Oil Well X Gas Well Other			8 Well Name and No San Juan 28-5 Unit San Juan 28-5 Unit 16A			
					2. Name of Operator	
Burlington Resources Oil & Gas Company LP					39-30991	
3a. Address	3b Phone No (include	area code)	10. Field and Pool or Exploratory Area			
PO Box 4289, Farmingto	(505) 326-	-9700 Blanco MV				
4. Location of Well (Footage, Sec., T,R.,M, or Survey Description)				11. Country or Parish, State		
Surface Unit E (SW/	NW), 1861 'FNL & 261' FV	VL, Section 16, T2	8N, R5W	Rio Arriba	, New Mexico	
				l		
12 CHECK T	HE APPROPRIATE BOX(ES	) TO INDICATE NAT	URE OF NO	TICE, REPORT OR OTHI	ER DATA	
TYPE OF SUBMISSION TYPE OF ACTION						
X Notice of Intent	Acidize	Deepen	ГПР	roduction (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	===	leclamation	Well Integrity	
Subsequent Report	Casing Repair	New Construction	===	lecomplete	X Other APD Ext.	
	Change Plans	Plug and Abandon	==	emporarily Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	===	Vater Disposal	· · · · · · · · · · · · · · · · · · ·	
13 Describe Proposed or Completed Op	eration Clearly state all pertinent det	ails, including estimated s	tarting date of a	ny proposed work and approxim	ate duration thereof	
Testing has been completed. Final determined that the site is ready for	ed operations If the operation results Abandonment Notices must be filed final inspection.)  wishes to extend the API	only after all requirements	, including recla	mation, have been completed at		
					_CONS. DIV.	
					DIST. 3	
Thes per	wel appre		pire	es 9/13/2	014	
14 I hereby certify that the foregoing is true and correct. Name (Printed/Typed)  Arleen Kellywood		Title	Staff Regulatory Tech Title			
Signature Allyword Date 8/6/17						
	THIS SPACE FO	OR FEDERAL OR	STATE OF	FICE USE		
Approved by	B			11 <i>E</i>	9/1/12	
Conditions of approval, if any, are attach	and Approval of this nation does not	warrant or certify	Title		Date ///	
that the applicant holds legal or equitable			Office	1100	λ	

Title 18 U S C Section 1001 and Title 43 U S C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

(Instruction on page 2)

entitle the applicant to conduct operations thereon