

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

Use "APPLICATION FOR PERMIT" - for such proposals.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED

OCT 02 2012

Farmington Field Office
Bureau of Land Management

1. Type of Well:

Gas

2. Name of Operator:

BURLINGTON RESOURCES OIL & GAS COMPANY LP

3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499
(505) 326-9700

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 153' FNL & 2475' FWL

S: 14 T: 032N R: 007W U: C

5. Lease Number:

FEE

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

DK-NMNM78372B; MV-NMNM783724

8. Well Name and Number:

ALLISON UNIT 31N

9. API Well No.

3004534185

RCVD OCT 9 '12

OIL CONS. DIV.

10. Field and Pool:

DIST. 3

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

| | | |
|---|--|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Recompletion | <input type="checkbox"/> Change of Plans |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Final Abandonment | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Water Shut Off |
| | <input checked="" type="checkbox"/> Other- Re-Delivery | <input type="checkbox"/> Conversion to Injection |

13. Describe Proposed or Completed Operations

This well was re-delivered on 7/18/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS WAITING ON SEPARATOR REPAIR.

TP: 303

CP: 321

Initial MCF: 1488

Meter No.: 81012

Gas Co.: WFC

Proj Type.: REDELIVERY

14. I Hereby certify that the foregoing is true and correct.

Signed

Tamra Sessions

Title: Staff Regulatory Tech.

Date: 10/1/2012

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

OCT 03 2012

APPROVED BY:

Title:

Date:

FARMINGTON FIELD OFFICE

CONDITION OF APPROVAL, if any:

BY

NMOC
ca