

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.

RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

OCT 09 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: 775' FSL & 1535' FEL

S: 04 T: 029N R: 007W U: O

5. Lease Number:

SF-078919

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

DEANMAN 78417B; MV-NMNM 78417A

8. Well Name and Number:

SAN JUAN 29-7 UNIT 82M

9. API Well No.

3003931080

RCVD OCT 18 '12
OIL CONS. DIV.

10. Field and Pool:

DIST. 3

DK - BASIN::DAKOTA

MC - BASIN::MANCOS

MV - BLANCO::MESAVERDE

11. County and State:

RIO ARriba, 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-First Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 9/27/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 09/27/12, MV & MC FLOWING TOGETHER ON 09/28/12. MV, MC, & DK FLOWING TOGETHER ON 10/01/12. FINISHED THE GAS RECOVERY COMPLETION 10/04/12.

TP: CP: Initial MCF: 15023

Meter No.: 91052

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Tamra Sessions
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 10/8/2012

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any:

NMOC

ca

ACCEPTED FOR RECORD

OCT 11 2012

FARMINGTON FIELD OFFICE
BY *[Signature]*