Submitted in lieu of Form 3160-5 (June 1990) RECEIVED **UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT** FORM APPROVED OCT 29 2012 SUNDRY NOTICES AND REPORTS ON WELLS Budget Bureau No. 1004-0135 Expires: March 31, 1993 Do not use this form for proposals to drill or to deepen or reentry to a Farmington Field Office different reservoir. Bureau of Land Managemen. Use "APPLICATION FOR PERMIT" - for such proposals. 5. Lease Number: 1. Type of Well: SF-080869 Gas 2. Name of Operator: 6. If Indian, allottee or Tribe Name: BURLINGTON RESOURCES OIL & GAS COMPANY LP 7. Unit Agreement Name: 3843 3. Address and Phone No. of Operator: 1V-NMNM76 P. O. Box 4289, Farmington, NM 87499 8. Well Name and Number: (505) 326-9700 DAVIS A FEDERAL 1N 4. Location of Well, Footage, Sec. T, R, U: 9. API Well No. FOOTAGE: 504' FSL & 242' FWL 3004535290 RCVD NOV 2'12 S: 25 T: 030N R: 011W U: M 10. Field and Pool: OIL CONS. DIV. DK - BASIN::DAKOTA DIST. 3 MC - BASIN::MANCOS 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 **New Construction** Plugging Back Final Abandonment Casing Repair Non-Routine Fracturing Water Shut Off Altering Casing Abandonment Other-First Delivery Conversion to Injection 13. Describe Proposed or Completed Operations This well was first delivered on 10/15/2012 and produced natural gas and entrained hydrocarbons. THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 10/15/12, MV & MC FLOWING TOGETHER ON 10/16/12, MV & MC & DK FLOWING TOGETHER ON 10/18/12. FINISHED THE GAS RECOVERY COMPLETION 10/24/12. Manax Need CA TP: CP: Initial MCF: 23894 Meter No.: 91065 Gas Co.: **FNT** Proj Type.: GAS RECOVERY COMPLETION 14. I Hereby certify that the foregoing is true and correct. Title: Staff Regulatory Tech. Date: 10/26/2012 Signed ACCEPTED FOR RECORD Tamra Sessions OCT 3 0 2012 (This Space for Federal or State Office Use) FARMINGTON FIELD OFFICE APPROVED BY: Title: Date:

CONDITION OF APPROVAL, if any: