

Submitted in lieu of Form 3160-5 (June 1990)

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

NOV 19 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: 1930' FSL & 2091' FWL  
S: 23 T: 030N R: 011W U: K

5. Lease Number:

SF-078138

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

DIC-NMNM 73758  
MV-NMNM 83982

8. Well Name and Number:

HARTMAN 23 1P

9. API Well No.

3004535323

RCVD NOV 30 '12  
OIL CONS. DIV.

10. Field and Pool:

DK - BASIN::DAKOTA  
MV - BLANCO::MESAVERDE

DIST. 3

11. County and State:

SAN JUÁN, 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 11/8/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 11/08/12, MV & DK FLOWING TOGETHER ON 11/09/12. FINISHED THE GAS RECOVERY COMPLETION 11/13/12.

TP: CP: Initial MCF: 14002

Meter No.: 91068

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: 11/16/2012

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

ACCEPTED FOR RECORD

NOV 26 2012

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE  
BY [Signature]

NMOCD ca