

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

JUL 12 2013

Budget Bureau No. 1004-0135

Expires: March 31, 1993

Farmington Field Office
Bureau of Land Management

1. Type of Well:

Gas

5. Lease Number:

SF-078135

2. Name of Operator:

BURLINGTON RESOURCES OIL & GAS COMPANY LP

6. If Indian, allottee or Tribe Name:

3. Address and Phone No. of Operator:

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

7. Unit Agreement Name:

NMNM78394C(MV)

8. Well Name and Number:

HUERFANITO UNIT 87N

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

FOOTAGE: 1432' FSL & 382' FWL
S: 01 - T: 026N R: 009W U: L

9. API Well No.

3004534872

RCVD JUL 17 '13

OIL CONS. DIV.

DIST. 3

10. Field and Pool:

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

13. Describe Proposed or Completed Operations

This well was first delivered on 6/26/2013 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH THE GAS RECOVERY COMPLETION. STARTED SELLING MV ON 6/26/13 WITH THE DK FLOWING TO SELLS ON 7/1/13 WITH THE MV. FINISHED THE GAS RECOVERY COMPLETION 7/10/13. PRODUCED FOR 8 DAYS WITH AN AVERAGE OF 206 MCF PER DAY.

TP: CP: Initial MCF: 1651

Meter No.: 91106

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed Patsy Clugston Title: Staff Regulatory Tech.

Date: 7/11/2013

(This Space for Federal or State Office Use)

APPROVED BY: _____ Title: _____

CONDITION OF APPROVAL, if any: _____

ACCEPTED FOR RECORD

Date: JUL 15 2013

FARMINGTON FIELD OFFICE

BY: *[Signature]*