

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

JAN

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No. **NM-01614**

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well
 Oil Well Gas Well Other

7. If Unit of CA/Agreement, Name and/or No.

2. Name of Operator
Burlington Resources Oil & Gas Company LP

8. Well Name and No.
THOMPSON 103

3a. Address
PO Box 4289, Farmington, NM 87499

3b. Phone No. (include area code)
(505) 326-9700

9. API Well No.
30-045-31574

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Surface UNIT M (SWSW), 800' FSL & 1085' FWL, Sec. 33, T31N, R12W

10. Field and Pool or Exploratory Area
BASIN FC

11. Country or Parish, State
San Juan New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

The subject well was P&A'd on 9/3/13. Reclamation cannot take place at this time, this well is twinned with the Thompson 12. Reclamation will be done when the twinned well is also P&A'd.

RCVD FEB 4 '14
OIL CONS. DIV.
DIST. 3

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
DENISE JOURNEY Title **REGULATORY TECHNICIAN**

Signature *Denise Journey* Date **1/30/2014**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by *Mark Kelly* Branch Chief
 Environmental Protection and Restoration Date **2-3-14**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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Reclamation Form:

Date: Jan. 6, 2014

Well Name: Thompson #103 RA

Footages: 800' FSL 1085' FWL Unit Letter: _____

Section: 33, T- 31-N, R- 12 -W, County: San Juan State: NM

Reclamation Contractor: _____ (No Reclamation Needed)

Reclamation Start Date: _____ Twinned with Thompson #12

Reclamation Complete Date: NA

Road Completion Date: NA

Seeding Date: NA

****PIT MARKER STATUS (When Required):** Picture of Marker set needed

MARKER PLACED : _____ (DATE)

LATITUDE: _____

LONGITUDE: _____

Pit Manifold removed _____ (DATE)

Construction Inspector: Harry Dee Date: Jan 6 2014

Inspector Signature: HD

Office Use Only: Subtask _____ DSM _____ Folder _____ Pictures _____