

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.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

JAN 06 2015

RECEIVED  
FARMINGTON FIELD OFFICE

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: 1750' FSL & 1625' FWL  
S: 13 T: 025N R: 006W U: K

5. Lease Number:

NMSF-078884

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-78383D-DK NMNM-78383B-CH

8. Well Name and Number:

CANYON LARGO UNIT 288

9. API Well No.

3003921172

10. Field and Pool:

CH - OTERO::CHACRA  
DK - BASIN::DAKOTA

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

13. Describe Proposed or Completed Operations

This well was re-delivered on 12/15/2014 and produced natural gas and entrained hydrocarbons.

Notes: RE-DELIVERED SHUT IN FOR MORE THAN 90 DAYS DUE TO PUMPING UNIT

TP: 0 CP: 657 Initial MCF: 14  
Meter No.: 89479  
Gas Co.: ENT  
Proj Type.: REDELIVERY

OIL CONS. DIV DIST. 3  
JAN 12 2015

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

Signed

*Denise Journey*  
Denise Journey

Title: Staff Regulatory Tech.

Date: 12/24/2014

(This Space for Federal or State Office Use)

APPROVED BY: ACCEPTED FOR RECORD

Title:

Date: JAN 07 2015

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE  
BY: *CM*

NMOCB KC