

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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.*

*SUBMIT IN TRIPLICATE - Other instructions on page 2.*

|  |  |  |  |
|--|--|--|--|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other               |  | 7. If Unit of CA/Agreement, Name and/or No.<br>Huerfano Unit |  |
| 2. Name of Operator<br>Burlington Resources Oil & Gas Company LP   |  | 8. Well Name and No.<br>Huerfano Unit 167                    |  |
| 3a. Address<br>PO Box 4289, Farmington, NM 87499   |  | 9. API Well No.<br>30-045-20062                              |  |
| 3b. Phone No. (include area code)<br>(505) 326-9700  |  | 10. Field and Pool or Exploratory Area<br>Basin Dakota       |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Surface    UNIT F (SENW), 1825' FNL & 1650' FWL, SEC. 23, T26N, R10W |  | 11. Country or Parish, State<br>San Juan    New Mexico       |  |

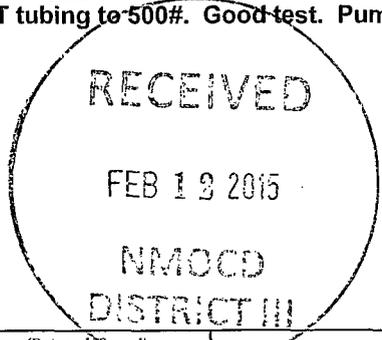
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

| 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 checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation                    |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                     |
|   | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input checked="" type="checkbox"/> Temporarily Abandon |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal                 |
|   |   |   | <input type="checkbox"/> Water Shut-Off                 |
|   |   |   | <input type="checkbox"/> Well Integrity                 |
|   |   |   | <input checked="" type="checkbox"/> Other               |

**TBG REPAIR**

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 recomplete 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.)

1/14/15 MIRU AWS 731. Kill tbg w/20 bbls 2% KCL. ND WH, NU BOP PT-OK. RIH & tagged @ 6772' (PBTD @ 6852' @ 80' fill). 1/15/15 POOH Inspecting tubing. LD tbg. 1/16/15 RIH w/tubing. C/O fill w/air and foamer. C/O for 4 days. RIH w/218 jts 2-3/8", 4.7# J-55 tubing and landed @ 6724' (new setting depth) with FN @ 6722'. ND BOP, NU WH. Pumped 3 bbls 2% KCL down tubing, dropped ball. PT tubing to 500#. Good test. Pumped off exp check. w/700 psi. RD & released rig @ 1500 hrs 1/21/15 ✓



ACCEPTED FOR RECORD  
FEB 06 2015  
FARMINGTON FIELD OFFICE  
BY: J. Salyers

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)    Title

PATSY CLUGSTON    STAFF REGULATORY TECHNICIAN

Signature *Patsy Clugston*    Date    1/26/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

|             |        |      |
|-------------|--------|------|
| Approved by | Title  | Date |
|             | Office |      |

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.