

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL CONS. DIV DIST. 3

OCT 19 2015

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

RECEIVED

OCT 13 2015

Farmington Field Office  
Bureau of Land Management

1. Type of Well:

Gas

5. Lease Number:

SF-079050-C

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:

NMN-78412C-DK NMNM-78412A-MV

8. Well Name and Number:

SAN JUAN 28-6 UNIT 149N

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

FOOTAGE: 1410' FNL & 2570' FEL  
S: 27 T: 028N R: 006W U: G

9. API Well No.

3003929270

10. Field and Pool:

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

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 8/7/2015 and produced natural gas and entrained hydrocarbons.

Notes: WELL SHUT-IN FOR MORE THAN 90 DAYS DUE TO TANK REPAIR.

TP: 279 CP: 279 Initial MCF: 1408

Meter No.: 83797

Gas Co.: WFC

Proj Type.: REDELIVERY

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

Signed

Title: Staff Regulatory Tech.

Date: 10/7/2015

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY: \_\_\_\_\_

Title: \_\_\_\_\_

OCT 14 2015  
Date: \_\_\_\_\_  
FARMINGTON FIELD OFFICE  
BY: \_\_\_\_\_

CONDITION OF APPROVAL, if any: \_\_\_\_\_

NMOCD

KC