

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

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: 1650' FSL & 990' FWL  
S: 36 T: 028N R: 008W U: L

5. Lease Number:

NMNM-015150

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

LIVELY 12

9. API Well No.

3004521199

10. Field and Pool:

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

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

13. Describe Proposed or Completed Operations

This well was re-delivered on 8/4/2016 and produced natural gas and entrained hydrocarbons.

Notes: WELL WAS SHUT IN DUE TO ECONOMICS

TP: 224 CP: 347 Initial MCF: 21  
Meter No.: 87701  
Gas Co.: ENT  
Proj Type.: REDELIVERY

OIL CONS. DIV DIST. 3

AUG 11 2016

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

Signed  Title: Staff Regulatory Tech. Date: 8/5/2016

(This Space for Federal or State Office Use)

APPROVED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

ACCEPTED FOR RECORD

AUG 08 2016

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

FARMINGTON FIELD OFFICE  
BY: 

NMOCD

RC