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NOV 29 2007

Bureau of Land Management

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

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## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

BUREAU OF LAND MANAGEMENT	Farmington Fleid Office
Sundry Notices and Reports on Wells	FORM APPROVED
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.	Budget Bureau No. 1004-013 Expires: March 31, 1993
Use "APPLICATION FOR PERMIT" - for such proposals.	
1. Type of Well: Gas	5. Lease Number: SF-078386-A
2. Name of Operator: BROG	6. If Indian, allottee or Tribe Nam 7. Unit Agreement Name:
3. Address and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700	8. Well Name and Number: SUNRAY G 2B RCVD DEC 4'07
4. Location of Well, Footage, Sec. T, R, U:	9. API Well No. 3004533908 OIL CONS. DIV.
SUR:585' FNL & 210' FWL BOT: 1  SEC 22 TWN: 031N RGE 009W D	10. Field and Pool: DIST. 3  DK / BASIN DAKOTA
	11. County and State: SAN JUAN / NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE  Notice of Intent  X Subsequent Report Final Abandonment Abandonment Abandonment Abandonment X Other-First-Delivery	Change of Plans  New Constructio  Non-Routine Fracturing  Water Shut Off
13. Describe Proposed or Completed Operations	
This well was First-delivered 10/10/2007 and produced natural g  TP: 515 CP: 368 Initial MCF  Meter No. 88094  Gas Co.: EPFS	•
14. I Hereby certify that the foregoing is true and correct.	
Signed Marie E Jaramillo Title: Specialist	Date 11/28/2007
(This Space for Federal or State Office Use)	ACCEPTED FOR RECORD
APPROVED BY: Title:	Date:
CONDITION OF APPROVAL if any	DEC 0 4 2007

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and willfully to make to any department or agency parallities and person knowingly and will be person knowingly

