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.

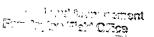
Use "APPLICATION FOR PERMIT" - for such proposals.

OCT 13 2009

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993



| 1. Type of Well: | | 5. Lease Number: | |
|---|--|---|------------------------------|
| Gas | | SF-080712 | ?-A |
| 2. Name of Operator: BURLINGTON RESOURCES OIL & GA | S COMPANY LP | 6. If Indian, allottee or Tribe Name: | |
| 3. Address and Phone No. of Operator: | | 7. Unit Agreement N | lame: |
| P. O. Box 4289, Farmington, NM 87499 (505) 326-9700 | | 8. Well Name and N SAN JUAN | umber: I 30-6 UNIT 48M |
| 4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 1865' FSL & 50' FWL S: 27 T: 030N R: 006W U: | | 9. API Well No. 3003930724 | |
| 5: 27 1: 030N H: 000W 0 | L | 10. Field and Pool: | |
| | | DK - BASIN::D | AKOTA |
| | | MV - BLANCO: | :MESAVERDE |
| | | 11. County and Stat | |
| 12 CUECY ADDDODDIATE DOV TO INDICATE I | NATURE OF NOTICE DED | ODT OTHER DATA | |
| 12. CHECK APPROPRIATE BOX TO INDICATE I | | · | |
| Notice of Intent Recomple | | Change of Plans | |
| X Subsequent Report Final Abandonment | Plugging Back | New Construction | |
| Abandonment | Casing Repair Altering Casing | Non-Routine Fracturing Water Shut Off | |
| *************************************** | X Other-First Delivery | | nut Offi ion to Injection |
| | | | |
| 13. Describe Proposed or Completed Operation | ıs | | |
| This well was first delivered on 9/28/2009 ar | d produced natural gas and | entrained hydrocarbons. | |
| Notes: THIS WELL WAS DELIVERED 09/28/09, MV & DK FLOWING T | THROUGH THE GAS RECC OGETHER 09/30/09/ FINISI | OVERY COMPLETION. STA HED THE GAS RECOVERY | |
| | | | COMPLETION 10/07/09. |
| TP: CP: | Initial MCF: 230 | 6 | 2932 4 63 |
| Meter No.: 83260 | | | RECEIVED 3 |
| Coo Co . WES | | | |
| Gas Co.: WFS Proj Type.: GAS RECOVERY CO | OMPLĖTION | | OIL CONS. DIV. DIST. 3 |
| 14. I Hereby certify that the foregoing is true an | d correct | | / Van " (/ |
| 14. I flereby certify that the loregoing is true an | u conect. | | 55 1502618117 B1920 21 223 |
| Signed Tam Sessions Tamra Sessions | Title: Staff Regu | ulatory Tech. Date: | 10/9/2009 |
| | | | ACCEPTED FOR RECORD |
| This Space for Federal or State Office Use) | | | OCT 15 2009 |
| APPROVED BY: | Title: | Date: | FARMINGTON EIELD OFFICE |
| CONDITION OF APPROVAL, if any: | | | BY |
| - CITE IN CITE OF ALL INCYAL, II ally. | | | |