

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED

DEC 14 2009

Budget Bureau No. 1004-0135

Expires: March 31, 1993 Bureau of Land Management  
Farmington Field Office

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.

1. Type of Well:

Gas

5. Lease Number:

FEE

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:

NMNM 7.8372X

8. Well Name and Number:

ALLISON UNIT COM 62C

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

FOOTAGE: 890' FSL & 1765' FEL

S: 31 T: 032N R: 006W U: O

9. API Well No.

3004534857

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

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 type="checkbox"/>		<input checked="" type="checkbox"/>	Other-First Delivery	<input type="checkbox"/>	Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 12/2/2009 and produced natural gas and entrained hydrocarbons.

Notes: DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 12/02/09, MV & DK FLOWING TOGETHER ON 12/04/09. FINISHED THE GAS RECOVERY COMPLETION 12/11/09.

TP: CP: Initial MCF: 28365

Meter No.: 83287

Gas Co.: WFC

Proj Type.: GAS RECOVERY COMPLETION

RCVD DEC 22 '09  
OIL CONS. DIV.  
DIST. 3

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

Signed Tamra Sessions  
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 12/14/2009

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

ACCEPTED FOR REVIEW

CONDITION OF APPROVAL, if any:

DEC 16 2009

NMOCD

FARMINGTON  
BY CM