

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

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M Surf: Unit M (SWSW), 375' FSL & 865' FWL, Sec. 12, T32N, R7W, NMPM</p>	<p>5. Lease Number SF-078483-A</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name Allison Unit</p> <p>8. Well Name & Number Allison Unit #77</p> <p>9. API Well No. 30-045 -33659</p> <p>10. Field and Pool Los Pinos FS PC, South</p> <p>11. County and State San Juan Co., NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	Change of Plans	Other - TA status ext
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> New Construction	<input type="checkbox"/>
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Non-Routine Fracturing	<input type="checkbox"/>
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	<input type="checkbox"/> Water Shut off	<input type="checkbox"/>
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Conversion to Injection	<input type="checkbox"/>
	<input type="checkbox"/> Altering Casing		

13. Describe Proposed or Completed Operations

This well was TA 11/3/06, Burlington Resources would like to maintain this status while we review for future potential.

TA Unit 2/1/11

RCVD JAN 12 '10
OIL CONS. DIV.
DIST. 3

I hereby certify that the foregoing is true and correct.

Signed Rhonda Rogers Rhonda Rogers Title Staff Regulatory Technician Date 1/8/10

(This space for Federal or State Office use)

APPROVED BY [Signature] Title PE Date JAN 12 2010

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

** MUST FILE C-104 WHEN CIBP IS REMOVED **
NMOCD T/A EXPIRES 11-03-2011

NMOCD