

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.

RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

MAR 04 2010

Bureau of Land Management  
Farmington Field Office

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: 1403' FSL & 928' FWL

S: 29 T: 028N R: 006W U: L

5. Lease Number:

SF-079050

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 28-6 UNIT 156P

9. API Well No.

3003930758

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

11. County and State:

RIO ARRIBA, 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-First Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 2/17/2010 and produced natural gas and entrained hydrocarbons.

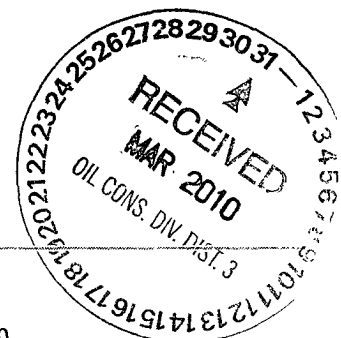
Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 02/17/10, MV & DK FLOWING TOGETHER ON 02/18/10. FINISHED THE GAS RECOVERY COMPLETION 03/03/10.

TP: CP: Initial MCF: 17202

Meter No.: 88823

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION



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

Signed

*Tamra Sessions*  
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 3/3/2010

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

ACCEPTED FOR RECORD

MAR 25 2010

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE  
BY *[Signature]*

NMOC *[Signature]*