

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.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED

APR 09 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: 1180' FSL & 780' FEL

S: 08 T: 030N R: 009W U: P

5. Lease Number:

SF-076337

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

PIERCE 2B

9. API Well No.

3004534999

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

13. Describe Proposed or Completed Operations

This well was first delivered on 3/23/2010 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 03/23/10, MV & DK FLOWING TOGETHER ON 03/24/10. FINISHED THE GAS RECOVERY COMPLETION 04/07/10.

TP: CP: Initial MCF: 13868

RCVD APR 20 '10

Meter No.: 88844

OIL CONS. DIV.

Gas Co.: ENT

DIST. 3

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Tamra Sessions

Title: Staff Regulatory Tech.

Date: 4/8/2010

ACCEPTED FOR RECORD

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

APR 13 2010

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE
BY: *UKH*

NMOC