· 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.

## RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135 JUL **0 1** 2010

Expires: March 31, 1993

Bureau of Land Management Farmington Field Offica

/ South 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:  NMNM13775  8. Well Name and Number:  ZELLA CALLOWAY 1
4. Location of Well, Footage, Sec. T, R, U:  FOOTAGE: 845' FNL & 835' FEL  S: 03 T: 030N R: 011W U: A	9. API Well No. 3004509977  10. Field and Pool: DK - BASIN::DAKOTA  11. County and State:
	SAN JUAN, NM
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORED IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORE IN 12. CHECK APPROPRIATE I	Change of Plans  New Construction  Non-Routine Fracturing  Water Shut Off  Conversion to Injection
13. Describe Proposed or Completed Operations  This well was re-delivered on 5/19/2010 and produced natural gas and er  Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO  TP: 788 CP: 773 Initial MCF: 510  Meter No.: 73398  Gas Co.: ENT  Proj Type.: REDELIVERY	NEW DRILLS ZELLA CALLOWAY 1M & LESTER 100S  RECEIVED  OIL CONS. DIV. DIST. 3
14. I Hereby certify that the foregoing is true and correct.  Signed Tamra Sessions Title: Staff Regu	latory Tech. Date: 6/30/2010
(This Space for Federal or State Office Use)  APPROVED BY: Title:	ACCEPTED FOR RECORD  Date: 8 2010
CONDITION OF APPROVAL, if any:	FARMING WITT DOFFICE