

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.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED

MAY 09 2011

Farmington Field Office  
Bureau of Land Management

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: 800' FSL & 1180' FWL

S: 01 T: 026N R: 008W U: M

5. Lease Number:

SF-078622

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

LIVELY 18

9. API Well No.

3004521326

10. Field and Pool:

DK - BASIN::DAKOTA

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- Re-Delivery | <input type="checkbox"/> Conversion to Injection |

13. Describe Proposed or Completed Operations

This well was re-delivered on 3/3/2011 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO WAITING ON RIG TO REPLACE TUBING

TP: 140

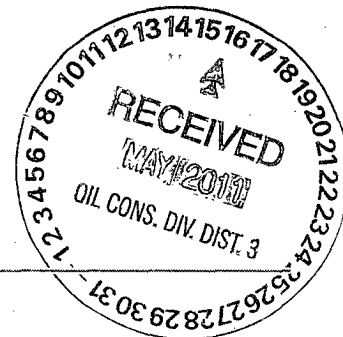
CP: 1250

Initial MCF: 140

Meter No.: 87980

Gas Co.: ENT

Proj Type.: REDELIVERY



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

Signed

*Tamra Sessions*  
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 5/4/2011

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY:

Title:

Date:

MAY - 9 2011

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE  
BY: *[Signature]*

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