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

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: 1260' FNL & 1525' FEL

S: 23 T: 030N R: 013W U: B

RECEIVED

Budget Bureau No. 1004-0135 Expires: March 31, 1993

> rarmington Field Office Sureau of Land Managemer

5. Lease Number:

FORM APPROVED

NM-0546

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-126690

8. Well Name and Number: MADDOX D FEDERAL COM 100

WADDOX D FEDERAL CON

9. API Well No.

3004530600

10. Field and Pool:

FRC - BASIN CB..FRUITLAND COAL

11. County and State:

SAN JUAN, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

	Notice of Intent		Recompletion	Change of Plans
X	Subsequent Report		Plugging Back	 New Construction
	Final Abandonment		Casing Repair	 Non-Routine Fracturing
	Abandonment		Altering Casing	 Water Shut Off
		X	Other- Re-Delivery	 Conversion to Injection

13. Describe Proposed or Completed Operations

This well	l was re-deliv	ered on 3/14/2011 and pro	duced natural gas and entra	ined hydrocarbons.	01314151672	
Notes:	THIS WE	L WAS SHUT IN MORE T	HAN 90 DAYS DUE TO PU	MP FAILURE	NOTITE A BIST	
	TP: 200 CP: 200		Initial MCF: 4		CONS. DIV DIST. 3	
	Meter No.:	98623			C SUN DIST 3 NO	
	Gas Co.:	ENT			4808638212363034	
	Proj Type.:	REDELIVERY				
14. I Hereby co Signed	ertify that the	e foregoing is true and co	rrect. Title: Staff Regulato	ry Tech. Date: 6/9/2	2011	
	Famfa Sessions			ACCEPTED	ACCEPTED FOR P-	
(This Space for Federal or State Office Use) APPROVED BY:			Title: MAY 1 4 2011 Date: EADMan			
CONDITION O	F APPROVA	L, if any:		BY	FILLO C 105 M	
		I, makes it a crime for any tious or fraudulent stateme		ly to make to any department	or agency of the	

A/