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 AUG 13 2010

Farmington Field Office Bureau of Land Managemen.

	• •		or day or day or day or the same of the sa
1. Type of Well:		5. Lease Number:	
Gas		FEE	
2. Name of Operator: BURLINGTON RESOURCES OIL & GAS COMPANY LP		6. If Indian, allottee or Tribe Name:	
		7. Unit Agreement	Name:
3. Address and Phone No. of Operator:	100	0. 18/-11 11 1	to an harm
P. O. Box 4289, Farmington, NM 87499 (505) 326-9700		8. Well Name and Number: ALLISON UNIT 41M	
			ONIT 41M
4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 1170' FSL & 130' FWL		9. API Well No. 3004534609	
S: 29 T: 032N R: 006W U: M		30045346	J 9
		10. Field and Pool:	
			AKOTANMAMIZ3368
			::MESAVERDE NM NM 78372.
		11. County and State:	
		SAN JUAN, N	IVI
12. CHECK APPROPRIATE BOX TO INDICAT	E NATURE OF NOTICE, REPO	ORT, 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	Convers	ion to Injection
13. Describe Proposed or Completed Operat This well was re-delivered on 3/17/2010 a Notes: THIS WELL WAS SHUT IN M		•	
Notes. This Week WAS SHOT IN I	IONE WANTED DATE DOE TO	DOWNINGE 1330E3	
TP: 504 CP: 504	lnitial MCF: 500		
Meter No.: 82275			
Gas Co.: WFC			
Proj Type.: REDELIVERY			
14. I Hereby certify that the foregoing is true	and correct		
14. I hereby certify that the folegoing is true	and correct.		
Signed Tamefessin. Tamra Sessions	Title: Staff Regul	atory Tech. Date:	8/12/2010
	***************************************		ACCEPTED FOR RECORD
This Space for Federal or State Office Use)			AUG 2 0 2010
APPROVED BY:	Title:	Date:	TARRIBUCTON FIELD OFFICE
			1. M. Man da
CONDITION OF APPROVAL, if any:			BY

NMOCD