

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

Expires: March 31, 1993 Farmington Field Office
Bureau of Land Management

SEP 06 2011

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: 2075' FSL & 2515' FEL

S: 07 T: 027N R: 004W U: J

ENTERED
AFMSS

SEP 08 2011

BY 

5. Lease Number:

SF-080673

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

DK - NMNM 78488

MV - NMNM 78488

8. Well Name and Number:

SAN JUAN 27-4 UNIT 123P

9. API Well No.

3003930591

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

11. County and State:

RIO ARRIBA, 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 8/25/2011 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 08/25/11, MV & DK FLOWING TOGETHER ON 08/26/11. FINISHED THE GAS RECOVERY COMPLETION 09/01/11.

TP: CP: Initial MCF: 15610

Meter No.: 80070

Gas Co.: WFC

Proj Type.: GAS RECOVERY COMPLETION

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

Signed


Tamra Sessions

Title: Staff Regulatory Tech.

Date: 9/6/2011

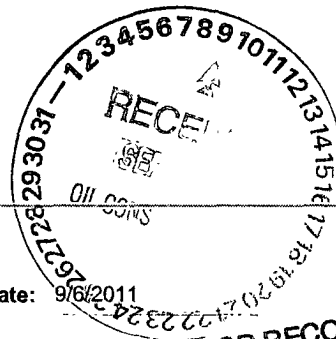
(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any:



ACCEPTED FOR RECORD

SEP 08 2011

FARMINGTON FIELD OFFICE

NMOCD

1A