

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

DEC - 2 2011

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 990' FSL & 990' FWL
S: 30 T: 030N R: 008W U: N

5. Lease Number:

NM-012708

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

HOWELL M 1

9. API Well No.

3004509101

RCVD DEC 9 '11

10. Field and Pool:

FRC - BASIN CB::FRUITLAND COAL
MV - BLANCO::MESAVERDE
PC - BLANCO::PICTURED CLIFFS

OIL CONS. DIV.

DIST. 3

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 11/30/2011 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS RETURNED TO PRODUCTION AS A FC/PC/MV DOWNHOLE COMMINGLE.

TP: 318 CP: 320 Initial MCF: 386

Meter No.: 70329

Gas Co.: ENT

Proj Type.: RECOMPLETE

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

Signed Tamra Sessions
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 12/2/2011

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY: _____

Title: _____

Date: _____

DEC - 7 2011

CONDITION OF APPROVAL, if any: _____

FARMINGTON FIELD OFFICE
BY [Signature]

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NMOCB