| Submitted in lieu of Form 3160-5 (June 1990) | | | |
|--|-----------------------|---|-----------------------------------|
| UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT | | | RECEIVED |
| | | FORM APPROVED | DEC -8 2011 |
| Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. | | Budget Bureau No. 1004-0135 | - - |
| Use "APPLICATION FOR PERMIT" - for such proposals | S. | : | Duleau of Earla Manage |
| | | | |
| 1. Type of Well: Gas | | 5. Lease Number: SF-080668 | RCVD DEC 14'11 |
| 2. Name of Operator: BURLINGTON RESOURCES OIL & GAS COMPANY LP | | 6. If Indian, allottee or Tribe Name: | |
| 3. Address and Phone No. of Operator: | | 7. Unit Agreement Name: | OIL CONS. DIV. |
| P. O. Box 4289, Farmington, NM 87499 (505) 326-9700 | | 8. Well Name and Number SAN JUAN 27-4 I | r: _{UNIT 94P} DIST. 3 |
| 4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 485' FSL & 1085' FWL S: 03 T: 027N R: 004W U: M | | 9. API Well No. 3003930847 10. Field and Pool: DK - BASIN::DAKOTA MV - BLANCO::MESAVERDE | |
| | | | |
| 12. CHECK APPROPRIATE BOX TO INDICATE NATUR | RE OF NOTICE, REP | ORT, OTHER DATA | |
| Notice of Intent R | Recompletion | Change of Plar | ns |
| X Subsequent Report Plugging Back | | New Construction | |
| Final Abandonment Casing Repair | | Non-Routine Fracturing | |
| Abandonment Altering Casing | | Water Shut Off | |
| <u>x</u> c | Other-First Delivery | Conversion to | Injection |
| 13. Describe Proposed or Completed Operations | | | |
| This well was first delivered on 12/7/2011 and prod | luced natural gas and | l entrained hydrocarbons. | |
| Notes: THIS IS A NEW DRILL - FIRST DELIVE | ERED | | |
| | | | |
| TP: 1460 CP: 924 | Initial MCF: 816 | 3 | |
| Meter No.: 80077 | | | |
| Gas Co.: WFC | | | |
| Proj Type.: NEW DRILL | | | |
| 14. I Hereby certify that the foregoing is true and corre | ect. | | |
| Signed / Anderson Title: Staff | | ulatory Tech. Date: 12/8/ | /2011 |
| Tamra Sessions | | ACCEP | TED FOR RECORD |
| This Space for Federal or State Office Use) | | [| DEC 0 9 2011 |
| APPROVED BY: | Title: | Date: | INGTON FIEXD OFFICE |
| CONDITION OF APPROVAL, if any: | | BY_ | |
| | | | |

