

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

RCVD DEC 12 '11

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED

DEC - 1 2011

Budget Bureau No. 1004-0135

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Expires: March 31, 1993

Farmington Field Office
Bureau of Land Management

OIL CONS. DIV.

Use "APPLICATION FOR PERMIT" - for such proposals.

1. Type of Well:

Gas

5. Lease Number:

SF-078507

DIST. 3

2. Name of Operator:

BURLINGTON RESOURCES OIL & GAS COMPANY LP

6. If Indian, allottee or Tribe Name:

3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499
(505) 326-9700

7. Unit Agreement Name:

NMM 78425A(MV)

8. Well Name and Number:

SAN JUAN 32-9 UNIT 34B

4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 2012' FSL & 1329' FWL

S: 35 T: 032N R: 010W U: K

9. API Well No.

3004535183

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

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-First Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 11/21/2011 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV & DK TOGETHER ON 11/21/11. FINISHED THE GAS RECOVERY COMPLETION 11/23/11.

TP: CP: Initial MCF: 1627

Meter No.: 88997

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed


 Tamra Sessions

Title: Staff Regulatory Tech.

Date: 12/1/2011

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

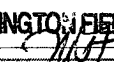
APPROVED BY:

Title:

Date:

DEC - 6 2011

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE
BY NMOCD
A