

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.

RCVD JAN 12 '12
OIL CONS. DIV.

FORM APPROVED

DIST. 3

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED

JAN 09 2012

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: 1460' FSL & 1180' FEL

S: 25 T: 029N R: 007W U: 1

5. Lease Number:

SF-078425

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 29-7 UNIT 69A

9. API Well No.

3003921632

10. Field and Pool:

MV - BLANCO::MESAVERDE

11. County and State:

RIO ARRIBA, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

☐ Notice of Intent	☐ Recompletion	☐ Change of Plans
☒ Subsequent Report	☐ Plugging Back	☐ New Construction
☐ Final Abandonment	☐ Casing Repair	☐ Non-Routine Fracturing
☐ Abandonment	☐ Altering Casing	☐ Water Shut Off
	☒ Other- Re-Delivery	☐ Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 1/5/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO NEW DRILL SAN JUAN 29-7 UNIT 139N.

TP: 310

CP: 268

Initial MCF: 700

Meter No.: 90427

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed

Tamra Sessions
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 1/6/2012

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY:

Title:

Date:

JAN - 9 2012

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE
BY *[Signature]*

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements.

NMOCD *A*