

RCVD FEB 28 '12

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS. DIV.

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED

DIST. 3

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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.

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: 2125' FSL & 1270' FWL

S: 16 T: 032N R: 014W U: L

5. Lease Number:

I-22-IND-2772

6. If Indian, allottee or Tribe Name:

UTE MOUNTAIN UTE

7. Unit Agreement Name:

8. Well Name and Number:

UTE 27

9. API Well No.

3004529276

10. Field and Pool:

DC - BARKER DOME::DESERT CREEK

HT - WC BARKER DOME::HONAKER TRAIL

ISM - BARKER DOME::ISMAY

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 1/16/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO 3RD PARTY PLANT SHUT DOWN FOR HIGH H2S.

TP: 927

CP: 935

Initial MCF: 1720

Meter No.: 91901139

Gas Co.: WGR

Proj Type.: REDELIVERY

ACCEPTED FOR RECORD

By: *Dul* 2/22/12

San Juan Resource Area

Bureau of Land Management

RECEIVED

JAN 20 2012

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

Signed *Tamra Sessions*
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 1/18/2012

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any:

A

RECEIVED