

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

FEB 03 2012

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 190' FSL & 2355' FWL

S: 09 T: 032N R: 014W U: N

5. Lease Number:

I-22-IND-2772

RCVD FEB 28 '12

6. If Indian, allottee or Tribe Name:

UTE MOUNTAIN UTE CONS. DIV.

7. Unit Agreement Name:

8. Well Name and Number:

UTE MOUNTAIN UTE 44

9. API Well No.

3004529498

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 1/14/2012 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: 1112

CP: 1112

Initial MCF: 1904

Meter No.: 91901147

Gas Co.: WGR

Proj Type.: REDELIVERY

ACCEPTED FOR RECORD

By: *Dak* 2/22/12
San Juan Resource Area
Bureau of Land Management

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

Signed

Tamra Sessions

Title: Staff Regulatory Tech.

Date: 2/1/2012

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any: