Submitted in lieu of Form 3160-5 (June 1990)

**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

FORM APPROVED
Budget Bureau No. 1004-0135

FEB 27 2012

Expires: March 31, 1993   Farmington Field Office
Bureau of Land Management

1. Type of Well: Gas	**5. Lease Number:** NM-03195
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:** **8. Well Name and Number:** SUNRAY J 1A
4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 1520' FSL & 915' FEL S: 07 T: 030N R: 010W U: I	**9. API Well No.** 3004523830 **10. Field and Pool:** MV - BLANCO::MESAVERDE PC - AZTEC::PICTURED CLIFFS **11. County and State:** SAN JUAN, NM

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

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

13. Describe Proposed or Completed Operations

This well was re-delivered on 1/31/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS FOR RIG WORK TO INSTALL NEW SPRING PLUNGER.

RCVD MAR 9 '12
OIL CONS. DIV.
DIST. 3

TP: RODS   **CP:** 220   **Initial MCF:** 48

Meter No.: 93858

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed _____   **Title:** Staff Regulatory Tech.   **Date:** 2/22/2012
Tamra Sessions

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY: _____   **Title:** _____   **Date:** **FEB 2 8 2012**

CONDITION OF APPROVAL, if any:

NMOCD

FARMINGTON FIELD OFFICE
BV _____