

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

RECEIVED**FEB 28 2012**

Sundry Notices and Reports on Wells

Farmington Field Office
Bureau of Land Management

- | | |
|--|--|
| <p>1. Type of Well
GAS</p> <p>2. Name of Operator
BURLINGTON
RESOURCES OIL & GAS COMPANY LP</p> <p>3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M

Unit M (SWSW), 690' FSL & 670' FWL, Section 9, T30N, R12W, NMPM</p> | <p>5. Lease Number
NMNM-024158</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number
McKenzie B Com 100</p> <p>9. API Well No.

30-045-32929</p> <p>10. Field and Pool
Basin Fruitland Coal</p> <p>11. County and State
San Juan, NM</p> |
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	<input checked="" type="checkbox"/> Other -	<input type="checkbox"/> TA
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction		
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	<input type="checkbox"/> Non-Routine Fracturing		
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off		
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection		

13. Describe Proposed or Completed Operations

2/23/2012 MIRU DWS 29. ND WH. NU BOPE. PT BOPE. Test - OK. POOH w/ tbg. 2/24/12 RIH w/ CIBP set @ 1897'. Perform MIT. PT csg to 560#/30min. Test - OK. Chart Attached. ND BOPE. NU WH. RD RR @ 17:30hrs on 2/24/12.

RCVD MAR 6 '12

OIL CONS. DIV.

DIST. 3

14. I hereby certify that the foregoing is true and correct.Signed Crystal Tafoya Crystal Tafoya

Title: Staff Regulatory Technician

Date 2/28/12

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

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

NMOCD T/A EXPIRES 2-24-17
FEDERAL EXPIRATION MAY VARY
CONTACT BLM FOR FEDERAL
EXPIRATION DATE

NMOCD

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ACCEPTED FOR RECORD**FEB 29 2012****FARMINGTON FIELD OFFICE**BY sm