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.

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

RECEIVED

APR 2 2012

Farmington Field Office
Bureau of Land Managemen.

---

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: 1535' FNL & 930' FEL

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

5. Lease Number:

SF-078425

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

MV-NMNM 78417A, PC-NMNM 78417C

8. Well Name and Number:

SAN JUAN 29-7 UNIT 69

9. API Well No.

3003907541

10. Field and Pool:

MV - BLANCO::MESAVERDE

PC - BLANCO SOUTH::PICTURED CLIFFS

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
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 3/28/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS FOR METER RE-LOCATION AND TIE IN.

TP: 267   CP: 268   Initial MCF: 804

Meter No.:   72306

Gas Co.:   ENT

Proj Type.: REDELIVERY

RCVD APR 12 '12
OIL CONS. DIV.
DIST. 3

---

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

Signed *Tamra Sessions*   Title: Staff Regulatory Tech.   Date: 3/30/2012

Tamra Sessions

ACCEPTED FOR RECORD

APR 0 3 2012

(This Space for Federal or State Office Use)

APPROVED BY: ___   **Title:** ___   **Date:** ___

FARMINGTON FIELD OFFICE
BY ___

CONDITION OF APPROVAL, if any: **NMOCD**

CA