RECEIVED

Form 3160-5

UNITED STATES

FORM APPROVED

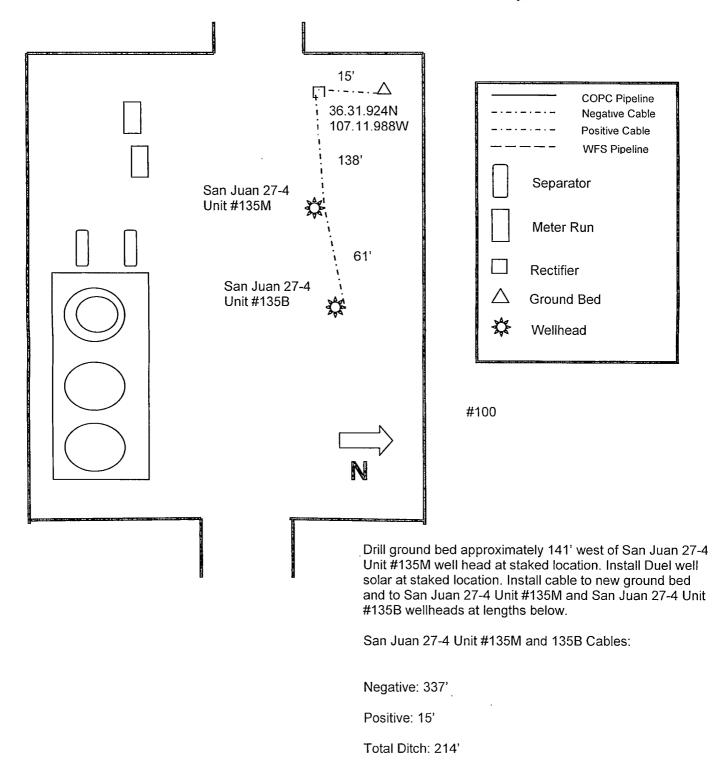
| (August 2007) | DEPARTMENT OF THE BUREAU OF LAND MAI | .14.11 | _ 25 2 | J12 OMB No Expires J | 1004-0137 uly 31, 2010 |
|---|--|--|--|---|---|
| | | Farmin | gton Fiel | 5. Lease Senal No | |
| SUN | DRY NOTICES AND REP | ORTS ON WELLS | Land Ma | nageme. Ni 6 If Indian, Allottee or Tribe Na | VI-03863 ame |
| Do not use | e this form for proposals | to drill or to re-ente | r an | | |
| | well. Use Form 3160-3 (A | | sais. | 7. If Unit of CA/Agreement, Na | me and/or No |
| 1 Type of Well | | | | 7. If Ome of Crorigreement, Na | me and/of two |
| Oil Well | | 8 Well Name and No | | 1da= 9C | |
| 2 Name of Operator | | 9 API Well No | | | |
| Burling 3a Address | Company LP 3b Phone No (include area | 30-039-30362 a code) 10. Field and Pool or Exploratory Area | | | |
| PO Box 4289, Farmington | (505) 326-97 | | BLANCO MV / BASIN DK | | |
| 4 Location of Well (Footage, Sec., T.,R | 0 00 T00N D4 | | 11 Country or Parish, State | | |
| · · | ., Sec. 28, T28N, R4\ L, Sec. 28, T28N, R4 | · · | | | |
| | THE APPROPRIATE BOX(ES | | | TICE, REPORT OR OTHE | R DATA |
| TYPE OF SUBMISSION TYPE OF ACTION | | | | | |
| Notice of Intent | Acidize | Deepen | P | roduction (Start/Resume) | Water Shut-Off |
| Wat in | Alter Casing | Fracture Treat | = | eclamation | Well Integrity |
| X Subsequent Report | Casing Repair Change Plans | New Construction Plug and Abandon | = | ecomplete emporarily Abandon | X Other Cathodic Sundry |
| Final Abandonment Notice | Convert to Injection | Plug Back | لسسا | Vater Disposal | |
| Attach the bond under which the w following completion of the involv Testing has been completed. Final determined that the site is ready for | onally or recomplete horizontally, give york will be performed or provide the red operations. If the operation results Abandonment Notices must be filed in final inspection.) or the placement of the cath | Bond No on file with BLM/I in a multiple completion or i only after all requirements, in | BIA Require recompletion cluding recla | d subsequent reports must be file in a new interval, a Form 3160-4 mation, have been completed and le for the subject well. | ed within 30 days must be filed once |
| 14 I hereby certify that the foregoing is | s true and correct. Name (Printed/Typ | ped) | | | |
| DENISE JOURNEY | | Title | REGULATORY TECHNICIAN | | |
| Signature Denise Trurnly | | Date | 7/19/2012 Date | | |
| | (∫THIS SPACE FO | OR FEDERAL OR ST | ATE OF | ACCEPTED FOR | RECORD |
| Approved by | | | | - | |
| | | | Title | JUL 3 0 20 | 12 Date |
| Conditions of approval, if any, are attached Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would | | | Office | FARMINGTON FIELD | OFFICE |
| entitle the applicant to conduct operations thereon | | | | BY M. KEIL | |

Title 18 U S C Section 1001 and Title 43 U S C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction



San Juan 27-4 Unit #135M and 135B

Section 36, T27N, R4W, N.M.P.M., Rio Arriba County, NM



By: Dwayne Horton Date: 07/18/2012