

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS

AUG 13 2012

FORM APPROVED

Budget Bureau No. 1004-0135

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Farmington Field Office
Bureau of Land Management

Use "APPLICATION FOR PERMIT" - for such proposals.

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: 1020' FNL & 1780' FWL

S: 21 T: 026N R: 007W U: C

5. Lease Number:

NM-93252

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SOONER 1E

9. API Well No.

3003931029

10. Field and Pool:

DK - BASIN::DAKOTA
MC - BASIN::MANCOS

11. County and State:

RIO ARRIBA, NM

RCVD AUG 27 '12
OIL CONS. DIV.
DIST. 3

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-First Delivery	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was first delivered on 8/3/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MC 08/03/12, MC & DK FLOWING TOGETHER ON 08/07/12. FINISHED THE GAS RECOVERY COMPLETION 08/09/12.

TP: CP: Initial MCF: 6271

Meter No.: 91044

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Tamra Sessions

Title: Staff Regulatory Tech.

Date: 8/10/2012

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD
Date AUG 14 2012
FARMINGTON FIELD OFFICE
BY

NMOCDCa