

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. 1004-0136

Expires: March 31, 1993

AUG 24 2012

Farmington Field Office
Bureau of Land Management

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: 2515' FSL & 1890' FEL

S: 08 T: 025N R: 006W U: J

5. Lease Number:

SF-078883

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

CANYON LARGO UNIT 485E

9. API Well No.

3003931060

10. Field and Pool:

DK - BASIN::DAKOTA

MC - BASIN::MANCOS

11. County and State:

RIO ARRIBA, NM

RCVD SEP 13 '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 8/15/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MC & DK 08/15/12. FINISHED THE GAS RECOVERY COMPLETION 08/20/12.

TP: CP: Initial MCF: 4301

Meter No.: 91049

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed

Jan Sessions
Jan Sessions

Title: Staff Regulatory Tech.

Date: 8/24/2012

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

AUG 27 2012

FARMINGTON FIELD OFFICE
BY *[Signature]*

NMOC
ca