

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. 1004-0135

Expires: March 31, 1993

NOV 07 2012  
Farmington Field Office  
Bureau of Land Management

## 1. Type of Well:

Gas

## 5. Lease Number:

SF-079962

## 2. Name of Operator:

BURLINGTON RESOURCES OIL &amp; GAS COMPANY LP

## 6. If Indian, allottee or Tribe Name:

## 3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499  
(505) 326-9700

## 7. Unit Agreement Name:

DK - NM NM - 73843  
MV - NM NM - 76432

## 8. Well Name and Number:

DAVIS A FEDERAL 1P

## 4. Location of Well, Footage, Sec. T, R, U:

FOOTAGE: 1833' FNL &amp; 1494' FWL

S: 25 T: 030N R: 011W U: F

## 9. API Well No.

3004535324

RCVD NOV 13 '12  
OIL CONS. DIV.  
DIST. 3

## 10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

## 11. County and State:

SAN JUAN, NM

## 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 10/26/2012 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 10/26/12, MV & DK FLOWING TOGETHER ON 10/29/12. FINISHED THE GAS RECOVERY COMPLETION 11/02/12.

TP: CP: Initial MCF: 19386

Meter No.: 91064

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: 11/7/2012

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

ACCEPTED FOR RECORD  
Date:

CONDITION OF APPROVAL, if any:

NOV 07 2012

NMOC  
ca

BY

cm