submitted in lieu of Form 3160-5

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVED

FEB 29 2012

Sundry Notices and Reports on Wells		Farmington	mington Field Office வர் of Land Managemen.	
1.	Type of Well GAS	5. 6.	Lease Number SF-079265 If Indian, All. or Tribe Name	
2.	Name of Operator	7.	Unit Agreement Name	
	BURLINGTON RESCURCES OIL & GAS COMPANY LP			
3.	Address & Phone No. of Operator	8.	Well Name & Number Klein 27N	
_	PO Box 4289, Farmington, NM 87499 (505) 326-9700	9.	API Well No.	
4.	Location of Well, Footage, Sec., T, R, M		30-039-30405	
Unit K (NESW), 1555' FSL & 2070' FWL, Section 35, T26N, R6W, NMPM		10.	Field and Pool Basin DK /Blanco MV	
			County and State Rio Arriba, NM	
12.	CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REF Type of Submission Type of Action Notice of Intent Abandonment Change of Plan		C DATA Other – FAN	
	Recompletion New Construct Subsequent Report Plugging Non-Routine F Casing Repair Water Shut off	tion Tracturing		
	X Final Abandonment Altering Casing Conversion to	Injection		
13.	Describe Proposed or Completed Operations			
Plea	subject well was P&A'd on 3/13/2008. Reclamation was completed and the locat use remove this well from Burlington Resources Oil & Gas Company, LP bond.	ion is now ready	RCVD JAN 10'13 OIL CONS. DIV.	
14. Sigi	I hereby certify that the foregoing is true and correct. ned Crystal Tafoya Title: Sta	ıff Regulatory T	DIST. 3 echnician Date 2/29/13	
ÀPI	is space for Federal or State Office use) PROVED BY NDITION OF APPROVAL, Grand Complete the specific part of the federal person knowingly and willfully to make a department or complete the state and specific person for the federal person knowingly and willfully to make a department or complete the state and specific person for the federal person knowingly and willfully to make a department or complete the state of the federal person knowingly and willfully to make a department or complete the state of the state of the federal person knowingly and willfully to make a department or complete the state of the s	ENTAL EAM LEAD	Date / -8-13	