

Submitted in lieu of Form 3160-5 (June 1990)

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

AUG 28 2013

Expires: March 31, 1993

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: 1395' FNL & 1460' FEL
S: 29 T: 027N R: 010W U: G

5. Lease Number:

SF-080810

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-78395C-DK CA-NMNM-99300-GLP

8. Well Name and Number:

HUERFANO UNIT 217R

9. API Well No.

3004529089

RCVD SEP 3 '13
OIL CONS. DIV.

10. Field and Pool:

DK - BASIN::DAKOTA
GL - ANGELS PEAK::GALLUP

DIST. 3

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

13. Describe Proposed or Completed Operations

This well was re-delivered on 8/15/2013 and produced natural gas and entrained hydrocarbons.

Notes: RE-DELIVERED SHUT IN FOR MORE THAN 90 DAYS DUE TO SEPARATOR REPLACEMENT

TP: 200 CP: 220 Initial MCF: 39

Meter No.: 14523

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed

Denise Journey
Denise Journey

Title: Staff Regulatory Tech.

Date: 8/21/2013

(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

CONDITION OF APPROVAL, if any: _____

ACCEPTED FOR RECORD

AUG 29 2013

FARMINGTON FIELD OFFICE

BY *CM*

NWOC D ca