

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NOV 20 2013

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. SF-078312
2. Name of Operator Burlington Resources Oil & Gas Company LP		6. If Indian, Allottee or Tribe Name
3a. Address PO Box 4289, Farmington, NM 87499	3b. Phone No. (include area code) (505) 326-9700	7. If Unit of CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Surface Unit M (SWSW), 990' FSL & 1020' FWL, Sec. 15, T32N, R12W		8. Well Name and No. Hubbard 4
		9. API Well No. 30-045-20464
		10. Field and Pool or Exploratory Area Blanco MV / Basin DK
		11. Country or Parish, State San Juan New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

The subject well was P&A'd on 5/14/13 and Burlington Resources completed the reclamation on 9/27/13. Seeding was completed on 9/30/13.

OIL CONS. DIV DIST. 3

NOV 25 2013

ACCEPTED FOR RECORD

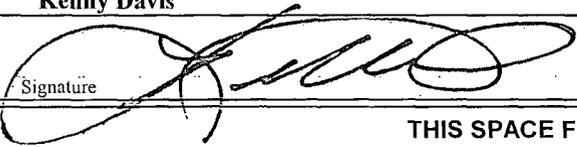
NOV 21 2013

FARMINGTON FIELD OFFICE
BY M. Kelly

Fee Surface

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Kenny Davis Title **Staff Regulatory Technician**

Signature  Date **11/20/2013**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

ConocoPhillips

PIA
2013

Reclamation Form:

Date: 11/5/13

Well Name: Hubbard 4

Footages: 990 FSL 1020 FWL Unit Letter: _____

Section: 15, T-32-N, R-12-W, County: SJ State: NM

Reclamation Contractor: Ace

Reclamation Start Date: 9/24/13

Reclamation Complete Date: 9/27/13

Road Completion Date: _____

Seeding Date: 9/30/13

**PIT MARKER STATUS (When Required): Picture of Marker set needed

MARKER PLACED : _____ (DATE)

LATITUDE: _____

LONGITUDE: _____

Pit Manifold removed _____ (DATE)

Construction Inspector: S. McGlasson Date: 11/5/13

Inspector Signature: [Signature] 60

Office Use Only: Subtask DSM Folder _____ Pictures _____