

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

Expires: March 31, 1993

OCT 16 2014

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: 800' FNL & 990' FWL  
S: 34 T: 026N R: 010W U: D

5. Lease Number:

SF-078001-B

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMN-78395C-DK NMNM-78395B-GLLP

8. Well Name and Number:

HUERFANO UNIT 131

OIL CONS. DIV DIST. 3

9. API Well No.

3004520740

OCT 21 2014

10. Field and Pool:

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

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 9/25/2014 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED ON-9/25/14 AFTER BEING SHUT IN FOR MORE THAN 90 DAYS DUE TO SURFACE EQUIPMENT FAILURES.

TP: 378 CP: 380 Initial MCF: 450

Meter No.: 97394

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed

*Patsy Clugston*  
Patsy Clugston

Title: Staff Regulatory Tech.

Date: 10/14/2014

(This Space for Federal or State Office Use)

APPROVED BY: \_\_\_\_\_

Title: \_\_\_\_\_

ACCEPTED FOR RECORD

Date: \_\_\_\_\_

OCT 16 2014

CONDITION OF APPROVAL, if any: \_\_\_\_\_

FARMINGTON FIELD OFFICE  
BY: *cm*

NMOC D 10