

JAN 12 2015

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FARMINGTON FIELD OFFICE

Box 100100 Farmington, NM 87401

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.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

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: 900' FNL & 790' FEL
S: 07 T: 029N R: 011W U: A

5. Lease Number:

SF-078813

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-75939

8. Well Name and Number:

COOPER 9

9. API Well No.

3004522649

10. Field and Pool:

PC - FULCHER-KUTZ::PICTURED CLIFFS

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 1/4/2015 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED / WELL SHUT IN FOR 90 DAYS DUE TO ECONOMICS / WINSTON SEPARATOR SN8360 2 PHASE / PIT 120BBLs ABOVE GROUND UNLINED / INDIAN COMPRESSOR SN UNKNOWN ARROW 330 MOTOR

TP: 80 CP: 80 Initial MCF: 132

Meter No.: 34562

Gas Co.: WFC

Proj Type.: REDELIVERY

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

Signed Dollie Busse Title: Staff Regulatory Tech. Date: 1/7/2015

(This Space for Federal or State Office Use)

APPROVED BY: ACCEPTED FOR RECORD Title: _____ Date: _____

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements.

NMCCD

JAN 11 2015
FARMINGTON FIELD OFFICE
BY: CM