

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. 1004-0485

Expires: March 31, 1993

IAN 14 2015

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: 950' FSL & 1800' FEL
S: 22 T: 031N R: 010W U: 0

5. Lease Number:

NM-013688

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

ATLANTIC 5A

9. API Well No.

3004522428

10. Field and Pool:

MV - BLANCO::MESAVERDE
PC - BLANCO::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 12/31/2014 and produced natural gas and entrained hydrocarbons.

Notes: SHUT IN FOR MORE THAN 90 DAYS DUE TO COMPRESSOR ISSUES

TP: 15 CP: 15 Initial MCF: 183

Meter No.: 89815

Gas Co.: ENT

Proj Type.: REDELIVERY

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JAN 26 2015
NMOCD
DISTRICT III

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

Signed Arleen White
Arleen White

Title: Staff Regulatory Tech.

ACCEPTED FOR RECORD
Date: 1/14/2015
JAN 16 2015
Date:
BY:
FARMINGTON FIELD OFFICE

(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

CONDITION OF APPROVAL, if any: _____

NMOCD RC

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