

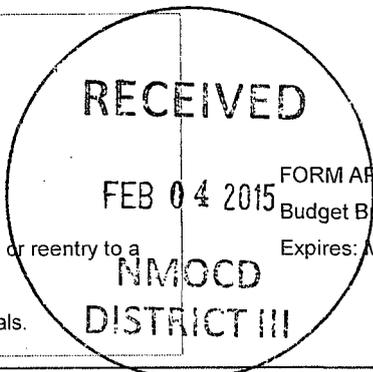
Submitted in lieu of Form 3160-5 (June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

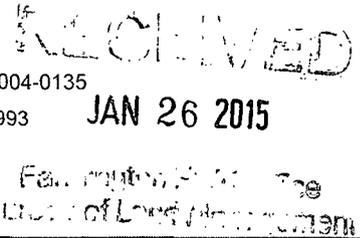
SUNDRY NOTICES AND REPORTS ON WELLS

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: 999' FNL & 699' FEL
S: 05 T: 029N R: 008W U: A

5. Lease Number:

SF-0784878-C

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SUNRAY 1M

9. API Well No.

3004535544

10. Field and Pool:

DK - BASIN::DAKOTA
MV - BLANCO::MESAVERDE

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

13. Describe Proposed or Completed Operations

This well was first delivered on 1/14/2015 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH THE GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 1/14/15, MV & DK FLOWING TOGETHER ON 1/15/15, FINISHED THE GAS RECOVERY COMPLETION 1/19/15, PRODUCED FOR 5 DAYS, WITH AN AVERAGE OF 1345 MCF PER DAY

TP: 487 CP: 419 Initial MCF: 6727

Meter No.: 91134

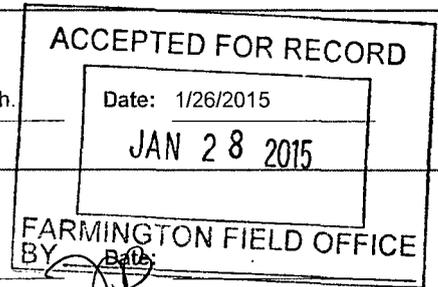
Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

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

Signed Denise Journey
Denise Journey

Title: Staff Regulatory Tech.



(This Space for Federal or State Office Use)

APPROVED BY: _____

Title: _____

CONDITION OF APPROVAL, if any: _____

NMOCD PY