

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.

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FORM APPROVED

Budget Bureau No. 1004-0135 FEB 25 2015

Expires: March 31, 1993

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: 1750' FSL & 1810' FWL  
S: 08 T: 026N R: 008W U: K

5. Lease Number:

SF-078384

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

NEWSOM B 7E

9. API Well No.

3004525662

10. Field and Pool:

DK - BASIN::DAKOTA  
GL - BACA::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 2/24/2015 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED ON 2/24/15 AFTER BEING SHUT-IN FOR MORE THAN 90 DAYS BECAUSE OF SURFACE EQUIPMENT ISSUES.

TP: 254 CP: 264 Initial MCF: 713

Meter No.: 03633

Gas Co.: ENT

Proj Type.: REDELIVERY

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MAR 03 2015  
NMOCD  
DISTRICT III

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

Signed Patsy Clugston Title: Staff Regulatory Tech.

Date: 2/24/2015

(This Space for Federal or State Office Use)

APPROVED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITION OF APPROVAL, if any: \_\_\_\_\_ ACCEPTED FOR RECORD

NMOCD

FEB 25 2015  
FARMINGTON FIELD OFFICE  
BY: CM

KC