

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

MAR 13 2015

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

MAR 03 2015

5. Lease Serial No. **SF-078388**

NMOC

6. If Indian, Allottee or Tribe Name

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE - Other instructions on page 2.**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit of CA/Agreement, Name and/or No. <b>Huerfanito Unit</b>
2. Name of Operator <b>Burlington Resources Oil &amp; Gas Company LP</b>		8. Well Name and No. <b>Huerfanito Unit 92</b>
3a. Address <b>PO Box 4289, Farmington, NM 87499</b>	3b. Phone No. (include area code) <b>(505) 326-9700</b>	9. API Well No. <b>30-045-05916</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>Surface UL L (NWSW), 1650' FSL &amp; 890' FWL, SEC. 12, T26N, R9W</b>		10. Field and Pool or Exploratory Area <b>Basin Dakota</b>
		11. Country or Parish, State <b>San Juan New Mexico</b>

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <b>BH /</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>WELLHEAD REPAIR</b>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once Testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

2/3/15 RU Slickline - RIH w/2" JDC to 6432, engaged fish, POOH & recovered dual pad piston & then engaged fish free. POOH & LD fish. RIH to 6567' tubing clear - RD slickline.

2/17/15 MIRU DWS 29. ND WH, NU BOP-PT-OK. RIH & tagged up @ 6616'. POH w/tubing & inspected. TIH w/RBP & pkr & set RBP @ 6332'. PT RBP - OK. Released pkr to PT casing. 2/20/15 Performed MIT on casing from 6332' to surface. Tested to 605#/30 min. Bled down to 595# - test OK, chart attached. RU Blue Jet & ran CBL from 6332' to surface. CBL showed all gas zones covered with cement (See NOI dated 2/20/15 for detail on the Agencies verbal approvals).

2/23/15 Prep for Tbg Head X/O. ND BOP, Changed out WH. PT-OK. NU & test BOP - OK. RIH & POH w/RBP. RIH w/mill and C/O fill to 6635' (PBSD). Circ hole. 2/26/15 RIH w/208 jts 2-3/8", 4.7# J-55 tubing & set @ 6509'. ND BOP, NU WH. Pumped 3 bbls to PT tubing - OK, then pumped off check w/900#. RD & released rig @ 1730 hrs 2/26/15.

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) <b>Patsy Clugston</b>	Staff Regulatory Technician
	Title
Signature	Date <b>3/2/2015</b>

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	<b>ACCEPTED FOR RECORD</b>

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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 or representations as to any matter within its jurisdiction.

NMOC

BY: **William Tambekou**

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CHART NO. MC MP-1000-IHR

METER *Lanoco*

*Bals #30*

CHART PUT ON  
*2/20/2015* M

TAKEN OFF  
*Lanoco* M

LOCATION *Abe-buats unit # 92*

REMARKS *Wellhead unit # 4  
in the water line is off*

*WLM*

TEST END

TEST SAFT

700  
600  
500  
400  
300  
200  
100  
M.P.T. EST