

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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.*

RECEIVED

5. Lease Serial No. **SF-078267-A**

6. If Indian, Allottee or Tribe Name

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

MAR 17 2015

1. Type of Well  
 Oil Well  Gas Well  Other

7. If Unit of CA/Agreement, Name and/or No. **HUERFANO UNIT**

8. Well Name and No. **HUERFANO UNIT 110**

2. Name of Operator **Burlington Resources Oil & Gas Company LP** Farmington Field Office Bureau of Land Management 30-045-13031

3a. Address **PO Box 4289, Farmington, NM 87499**

3b. Phone No. (include area code) **(505) 326-9700**

10. Field and Pool or Exploratory Area **ANGEL PEAK GALLUP/BASIN DK**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description) **UL I (NESE), 1650' FSL & 990' FEL, SEC. 3, T26N, R10W**

11. Country or Parish, State **San Juan, New Mexico**

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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>ACID JOB &amp;</b>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	<b>TBG REPAIR</b>

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.)

3/5/15 RU slickline & ran gauge ring to 6850'. Tagged up @ 7006'. POOH. RD S/L.  
3/9/15 MIRU AWS 753. ND WH, NU BOP, PT - OK. TOH w/tubing inspecting. Had to fish tubing hanger pack off sleeve. Recovered. Circ. hole w/air, mist, 2% KCl, foamer and corrosion inhibitor. Poor circulation. 3/10/15 Pumped 30 bbls 2% KCL to circ. 70 bbls to flowback tank. 3/11/15 RU & pump 1000 gal of Hcl acid w/tbg set @ 3500'. Pumped 500 gal of WAM436, flush lines, pump 500 gal of WAM436, followed by 55 gal of HSW700 scavenger. RD Backer. Let acid work - 4 hours. Unload and circ. out spent acid. RIH & set RBP @ 45'. PT-OK. ND BOP, ND WH, seal plate between tbg head and bradenhead leaking. Made repairs. NU BOP. PT - OK. Released RBP & LD. 3/13/15. RIH w/221 jts of 2-3/8" 4.7# J-55 tubing and set @ 6889' w/FN @ 6888'. ND BOP, NU WH. PT tubing to 500#/15 min - OK. Pumped off expendable check. RD & released rig @ 1700 hrs on 3/13/15.

ACCEPTED FOR RECORD

OIL CONS. DIV DIST. 3

MAR 26 2015

MAR 30 2015

FARMINGTON FIELD OFFICE  
BY: TL Salyers

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) **Patsy Clugston** Title **Staff Regulatory Technician**

Signature *Patsy Clugston* Date **3/16/2016**

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 \_\_\_\_\_

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.