

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.

OIL CONS. DIV DIST. 3

JUN 19 2015

RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

JUN 17 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: 1100' FSL & 135' FEL

S: 22 T: 032N R: 010W U: P

5. Lease Number:

SF-080517

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMN NM 732 80-MV NMNM 76327 DK

8. Well Name and Number:

PAYNE 4A

9. API Well No.

3004523911

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

13. Describe Proposed or Completed Operations

This well was re-delivered on 5/8/2015 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED ON 5/8/15 AS A DHC'D MV/DK WELL. WELL WAS NOT SHUT-IN FOR MORE THAN 90 DAY PRIOR TO THE CHANGE IN STATUS FROM A DUAL WELL TO A DHC MV/DK WELL.

TP: 530

CP: 490

Initial MCF: 558

Meter No.: 34797

Gas Co.: WFC

Proj Type.: REDELIVERY

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

Signed

*Patsy Clugston*  
Patsy Clugston

Title: Staff Regulatory Tech.

Date: 6/17/2015

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

ACCEPTED FOR RECORD

CONDITION OF APPROVAL, if any:

JUN 17 2015

FARMINGTON FIELD OFFICE  
BY: *em*

NMOCD

KC