

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

RECEIVED
AUG 28 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: 1770' FNL & 790' FWL
S: 26 T: 031N R: 012W U: E

5. Lease Number:

SF-077652

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

EAST 10

9. API Well No.

3004510350

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 8/21/2015 and produced natural gas and entrained hydrocarbons.

Notes: WELL SHUT IN FOR MORE THAN 90 DAYS DUE TO CASING ISSUES

OIL CONS. DIV DIST. 3

SEP 02 2015

TP: 262 CP: 268 Initial MCF: 733

Meter No.: 34240

Gas Co.: WFC

Proj Type.: REDELIVERY

ACCEPTED FOR RECORD

AUG 28 2015

Date: 8/27/2015

FARMINGTON FIELD OFFICE

BY *[Signature]*

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

Signed Arleen White
Arleen White

Title: Staff Regulatory Tech.

(This Space for Federal or State Office Use)

APPROVED BY: _____ Title: _____ Date: _____

CONDITION OF APPROVAL, if any: _____

[Handwritten initials]