

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.

RECEIVED

SEP 23 2015

FORM APPROVED

Budget Bureau No. 1004-0135

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: 1120' FSL & 1845' FEL

S: 27 T: 028N R: 006W U: O

5. Lease Number:

SF-079050-C

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM78412C

8. Well Name and Number:

SAN JUAN 28-6 UNIT 149M

9. API Well No.

3003926251

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

11. County and State:

RIO ARRIBA, 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 8/5/2015 and produced natural gas and entrained hydrocarbons.

Notes: WELL SHUT-IN FOR 90 DAYS DUE TO TANK REPAIR

OIL CONS. DIV DIST. 3

TP: 307

CP: 294

Initial MCF: 905

SEP 28 2015

Meter No.: 82786

Gas Co.: WFC

Proj Type.: REDELIVERY

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

Signed

*Crystal Walker*

Title: Staff Regulatory Tech.

Date: 9/22/2015

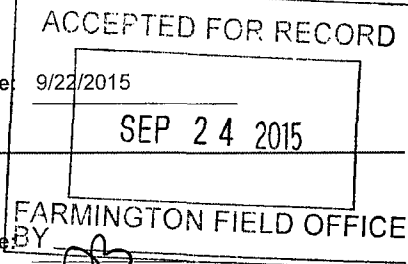
(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any:



NMOCD