Submitted in lieu of Form 3160-5 (June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS. DIV DIST. 3

OCT 1 9 2015 FORM APPROVED

SUNDRY NOTICES AND REPORTS ON WELLS

Budget Bureau No. 1004-0135
Expires: March 31, 1993

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.

1. Type of Well: Gas	5. Lease Number: SF-079050-C
2. Name of Operator: BURLINGTON RESOURCES OIL & GAS COMPANY LP	6. If Indian, allottee or Tribe Name:
3. Address and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name: NMNM-78412C-DK, NMNM78412A-MV
	8. Well Name and Number: SAN JUAN 28-6 UNIT 155N
4. Location of Well, Footage, Sec. T, R, U: FOOTAGE: 2420' FNL & 80' FWL S: 28 T: 028N R: 006W U: E	9. API Well No. 3003927601
	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

	Notice of Intent	Recompletion	Change of Plans
X	Subsequent Report	Plugging Back	New Construction
	Final Abandonment	Casing Repair	Non-Routine Fracturing
	Abandonment	Altering Casing	Water Shut Off
		X Other- Re-Delivery	Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 10/7/2015 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED / SHUT IN FOR MORE THAN 90 DAYS DUE TO TANK REPAIR

TP: 377   CP: 377   Initial MCF: 22

Meter No.: 83681

Gas Co.: WFC

Proj Type.: REDELIVERY

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

Signed _Dollie Busse_   Title: Staff Regulatory Tech.   Date: 10/12/2015

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY: _____   Title: _____   Date: _____

CONDITION OF APPROVAL, if any: _____

OCT 14 2015

FARMINGTON FIELD OFFICE
BY: _____ KC

Title 18 U.S.C. Section 1001, makes 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.

NMOCD