

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

5. Lease Serial No. **NM-03877** **RECEIVED**

6. If Indian, Allottee or Tribe Name **APR 15 2016**

**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.**

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

1. Type of Well  
 Oil Well  Gas Well  Other

7. If Unit of CA/Agreement, Name and for **Farmington Field Office Bureau of Land Management**

2. Name of Operator  
**Burlington Resources Oil & Gas Company LP**

8. Well Name and No.  
**Duff 5R**

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

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

9. API Well No.  
**30-045-30846**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**Surface Unit M (SWSW), 840' FSL & 1110' FWL, Sec. 5, T29N, R11W**

10. Field and Pool or Exploratory Area  
**Fulcher Kutz Pictured Cliffs**

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 <b>RECORD CLEAN UP</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleat 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 recompleat 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.)

After a NMOCD well file review it was discovered that the subject well was incorrectly permitted in the Aztec PC (71280). The correct pool is the Fulcher Kutz PC (77200). A revised C-102 plat is attached.

**ACCEPTED FOR RECORD**

**APR 18 2016**

FARMINGTON FIELD OFFICE  
BY: *[Signature]*

**OIL CONS. DIV DIST. 3**

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

**APR 21 2016**

**Dollie L. Busse**

Title **Regulatory Technician**

Signature

*[Signature: Dollie L. Busse]*

Date

*4/14/16*

**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.

**District I**

1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720

**District II**

811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720

**District III**

1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170

**District IV**

1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico  
Energy, Minerals and Natural  
Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505**

Form C-102  
August 1, 2011  
Permit 217224

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

1. API Number <b>30-045-30846</b>	2. Pool Code <b>77200</b>	3. Pool Name <b>FULCHER KUTZ PICTURED CLIFFS (GAS)</b>
4. Property Code <b>6962</b>	5. Property Name <b>DUFF</b>	6. Well No. <b>005R</b>
7. OGRID No. <b>14538</b>	8. Operator Name <b>BURLINGTON RESOURCES OIL &amp; GAS COMPANY LP</b>	9. Elevation <b>5786</b>

**10. Surface Location**

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
M	5	29N	11W		840	S	1110	W	SAN JUAN

**11. Bottom Hole Location If Different From Surface**

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
12. Dedicated Acres <b>160.00</b>			13. Joint or Infill		14. Consolidation Code			15. Order No.	

**NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION**

	<p><b>OPERATOR CERTIFICATION</b></p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <p>E-Signed By: <b>Dollie L. Busse</b> </p> <p>Title: <b>Regulatory Technician</b></p> <p>Date: <b>2/24/2016</b></p>
	<p><b>SURVEYOR CERTIFICATION</b></p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>Surveyed By: <b>Neale Edwards</b></p> <p>Date of Survey: <b>5/29/2001</b></p> <p>Certificate Number: <b>6857</b></p>

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Form APD Conditions  
Permit 217224