

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

NOV 15 2016

Farmington Field Office
Bureau of Land Management

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

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: 2205' FSL & 2345' FEL

S: 17 T: 029N R: 007W U: J

5. Lease Number:

SF-078423

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-78417A-MV

8. Well Name and Number:

SAN JUAN 29-7 UNIT 44B

9. API Well No.

3003926081

10. Field and Pool:

MV - BLANCO::MESAVERDE

11. County and State:

RIO ARRIBA, NM

OIL CONS. DIV DIST. 3
NOV 28 2016

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 10/27/2016 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED / SHUT IIN FOR MORE THAN 90 DAYS DUE TO EQUIPMENT ISSUE / RETURNED TO PRODUCTION

TP: 213 CP: 213 Initial MCF: 618

Meter No.: 99686

Gas Co.: ENT

Proj Type.: REDELIVERY

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

Signed Dollie Busse
Dollie Busse

Title: Staff Regulatory Tech.

Date: 11/8/2016

(This Space for Federal or State Office Use)

ACCEPTED FOR RECORD

APPROVED BY: _____

Title: _____

Date: NOV 18 2016

CONDITION OF APPROVAL, if any: _____

FARMINGTON FIELD OFFICE
BY: CM

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 AV