

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

JUN 09 2017

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: 950' FSL & 780' FEL

S: 30 T: 027N R: 004W U: P

5. Lease Number:

NMSF-080670

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 27-4 UNIT 53N

9. API Well No.

3003929371

10. Field and Pool:

DK - BASIN::DAKOTA

GL - UNK::GALLUP

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 5/24/2017 and produced natural gas and entrained hydrocarbons.

Notes: Well has a casing bridge. Casing pressure had built up high enough to produce.

OIL CONS. DIV DIST. 3

JUN 14 2017

ACCEPTED FOR RECORD

JUN 12 2017

FARMINGTON FIELD OFFICE
BY: *Madan*

TP: 0 CP: 358 Initial MCF: 90

Meter No.: 83097

Gas Co.: WFC

Proj Type.: REDELIVERY

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

Signed

Samuel

Title: Staff Regulatory Tech.

Date: 6/8/2017

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any:

NMOCD *A*