**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.

FORM APPROVED

Budget Bureau No. 1004 0135

Expires: March 31, 1993

NOV 1 9 2008

| Use "APPLICATION FOR PERMIT" - for such propos                             | sals.                         |                                       | (10 1 2 2                                                                                                            |
|----------------------------------------------------------------------------|-------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well:                                                           |                               | 5. Lease Number:                      | Familian Face Color                                                                                                  |
| Gas                                                                        |                               | SF-080180A                            | , (A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.                                                                         |
| 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 |                               | 7. Unit Agreement Name                | <b>:</b>                                                                                                             |
| (505) 326-9700                                                             |                               | 8. Well Name and Number:              |                                                                                                                      |
| 4. Location of Well, Footage, Sec. T, R, U:                                | <del></del>                   | SAN JUAN 30-6                         | 6 UNIT 60A                                                                                                           |
| FOOTAGE: 1850' FSL & 1190' FEL                                             |                               | 9. API Well No.                       |                                                                                                                      |
| S: 31 T: 030N R: 006W U: I                                                 |                               | 3003921951                            |                                                                                                                      |
|                                                                            |                               | 10. Field and Pool:                   |                                                                                                                      |
|                                                                            |                               | MV - BLANCO::MES                      | SAVERDE                                                                                                              |
|                                                                            |                               | 11. County and State:                 |                                                                                                                      |
|                                                                            |                               | RIO ARRIBA, NM                        |                                                                                                                      |
| 12. CHECK APPROPRIATE BOX TO INDICATE NAT                                  | URE 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 C                          | Off                                                                                                                  |
| X                                                                          | Other- Re-Delivery            | Conversion to                         | o Injection                                                                                                          |
| 13. Describe Proposed or Completed Operations                              |                               |                                       | بسوربس <u>و</u> ں ش <u>یرویس میں سے بہتے ہیں ہیں ہو</u> ں ہوتے ہوتے ہوتے ہیں ہوتے ہوتے ہوتے ہوتے ہوتے ہوتے ہوتے ہوتے |
| This well was re-delivered on 11/3/2008 and pro-                           | duced natural gas and entrain | ed hydrocarbons.                      |                                                                                                                      |
| TP: 246 CP: 249                                                            | Initial MCF: 1222             |                                       | RCVD DEC 1 'Q8                                                                                                       |
| Meter No.: 90745  Gas Co.: EFS                                             |                               |                                       | OIL COMS. DIV.<br>DIST. 3                                                                                            |
|                                                                            |                               |                                       |                                                                                                                      |
| Proj Type.: REDELIVERY                                                     | •                             |                                       |                                                                                                                      |
| 14. I Hereby certify that the foregoing is true and co                     | rrect.                        | ,                                     | ·                                                                                                                    |
| Signed Marie E Jaramillo                                                   | Title: Regulatory Tecl        | h. <b>Date:</b> 11/                   |                                                                                                                      |
|                                                                            |                               |                                       | ACCEPTED FOR RECORD                                                                                                  |
| This Space for Federal or State Office Use)                                |                               |                                       | NOV 2 0 2008                                                                                                         |
| APPROVED BY:                                                               | Title:                        | Date:                                 | OFFICE                                                                                                               |
| CONDITION OF APPROVAL, if any:                                             |                               |                                       | - Control -                                                                                                          |
|                                                                            |                               |                                       |                                                                                                                      |