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.

United States any false, fictitious or fraudulent statements.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

## RECEIVED

-	•	AEOE AEO
1. Type of Well:		5. Lease Number: FEB 1 9 2009
Gas		NMSF-0784222-au UI Lairu Rangemeni
2. Name of Operator:	AC COMPANY ( B	6. If Indian, allottee or Tribe Name:
BURLINGTON RESOURCES OIL & G.	AS COMPANY LP	7. Unit Agreement Name:
3. Address and Phone No. of Operator:		
P. O. Box 4289, Farmington, NM 87499		8. Well Name and Number:
(505) 326-9700		SAN JUAN 29-7 UNIT 44A
4. Location of Well, Footage, Sec. T, R, U:		9. API Well No.
FOOTAGE: 1640' FSL & 1120' FEL		3003921980
S: 17 T: 029N R: 007W U: 1		10. Field and Pool:
		DK - BASIN::DAKOTA
		MV - BLANCO::MESAVERDE
		11. County and State:  RIO ARRIBA, NM
	,	AIO AII (IDA, AM
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
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13. Describe Proposed or Completed Operation	ns	
This well was re-delivered on 2/4/2009 and	produced natural gas and entraine	ed hydrocarbons.
<b>TP</b> : 287 <b>CP</b> : 287	Initial MCF: 600	RCVD FEB 24 '09
Meter No.: 93353		OIL CONS. DIV.
Gas Co.: EFS		DIST. 3
Proj Type.: REDELIVERY		
	<del>-</del> A	
14. I Hereby certify that the foregoing is true a	nd dörrect.	
Signed W W W	Title: Regulatory Tec	Date: 2/19/2009
Marie E. Jaramillo ✓	V	
This Space for Federal or State Office Use)		ACCEPTED FOR RECORD
APPROVED BY:	Title:	Date: FEB 2 0 2009
CONDITION OF APPROVAL, if any:		FARMINGTON FIELD OFFICE
Title 18 LLS C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the		

NMOCD