

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.

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

RECEIVED

FEB 02 2010

Bureau of Land Management  
Farmington Field Office

## 1. Type of Well:

Gas

## 2. Name of Operator:

BURLINGTON RESOURCES OIL &amp; 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: 723' FNL &amp; 647' FWL

S: 10 T: 027N R: 006W U: D

## 5. Lease Number:

FEE

## 6. If Indian, allottee or Tribe Name:

## 7. Unit Agreement Name:

## 8. Well Name and Number:

SAN JUAN 28-6 UNIT 207P

## 9. API Well No.

3003930613

## 10. Field and Pool:

DK - BASIN::DAKOTA

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-First Delivery	<input type="checkbox"/> Conversion to Injection

## 13. Describe Proposed or Completed Operations

This well was first delivered on 6/11/2009 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH THE GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 06/11/09, MV & DK FLOWING TOGETHER ON 06/15/09. FINISHED THE GAS RECOVERY COMPLETION 06/19/09. REQUESTED BY BLM

TP: CP: Initial MCF: 12835

Meter No.: 88747

Gas Co.: ENT


Proj Type.: GAS RECOVERY COMPLETION

RCVD FEB 8 '10  
OIL CONS. DIV.

DIST. 3

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

Signed

  
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 2/2/2010

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

ACCEPTED FOR RECORD

FEB - 4 2010

CONDITION OF APPROVAL, if any:

NMOCD

FARMINGTON FIELD OFFICE

BY