

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

NOV 04 2010

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
BURLINGTON
RESOURCES OIL & GAS COMPANY LP

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

Surface: Unit B (NWNE), 280' FNL & 2266' FEL, Section 8, T27N, R4W, NMPM

BottomHole: Unit C (NENW), 890' FNL & 1955' FWL, Section 8, T27N, R4W, NMPM

Bureau of Land Management
Field Office

5. Lease Number
SF-080673

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
San Juan 27-4 Unit

8. Well Name & Number
San Juan 27-4 Unit 42F

9. API Well No.
30-039-30569

10. Field and Pool
Basin Dakota

11. County and State
Rio Arriba, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	<input checked="" type="checkbox"/> Other -	<input type="checkbox"/> APD Extension
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction		
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	<input type="checkbox"/> Non-Routine Fracturing		
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off		
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection		

13. Describe Proposed or Completed Operations

Burlington Resources request an extension to the APD for the subject well.

RCVD NOV 12 '10
OIL CONS. DIV.

DIST. 3

Final approval expires 10/27/12

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

Signed Brandie Blakley Brandie Blakley

Title Staff Regulatory Technician Date 11/3/10

(This space for Federal or State Office use)

APPROVED BY Cynthia Marquez Title LSE

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD