

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.

FORM APPROVED

Budget Bureau No. 1004-0155

Expires: March 31, 1993

RECEIVED

OCT 26 2010

Farmington Field Office

Bureau of Land Management

SF-079521

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: 1450' FNL & 790' FEL  
S: 32 T: 028N R: 005W U: H

5. Lease Number:

SF-079521

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

8. Well Name and Number:

SAN JUAN 28-5 UNIT NP 240

9. API Well No.

3003925366

10. Field and Pool:

FRC - BASIN CB::FRUITLAND COAL  
PC - TAPACITO::PICTURED CLIFFS

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 9/1/2010 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO LOGGING OFF

RCVD NOV 5 '10

OIL CONS. DIV.

DIST. 3

TP: N/A CP: N/A Initial MCF: 32

Meter No.: 81494

Gas Co.: WFC

Proj Type.: REDELIVERY

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

Signed

*Tamra Sessions*  
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 10/25/2010

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

ACCEPTED FOR RECORD

OCT 27 2010

CONDITION OF APPROVAL, if any:

NMOCD

FARMINGTON FIELD OFFICE  
BY *CM*

VDD