

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

OCT 29 2010

Farmington Field Office  
Bureau of Land Management

## 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: 1007' FNL &amp; 274' FWL

S: 22 T: 027N R: 005W U: D

## 5. Lease Number:

SF-079403

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

## 7. Unit Agreement Name:

NMNM-78409A-DK  
NMNM-78409B-MV

## 8. Well Name and Number:

SAN JUAN 27-5 UNIT 117N

## 9. API Well No.

3003930960

## 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 10/15/2010 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 10/15/10, MV & DK FLOWING TOGETHER ON 10/18/10. FINISHED THE GAS RECOVERY COMPLETION 10/27/10.

TP: CP: Initial MCF: 18713

Meter No.: 82121

Gas Co.: WFC

Proj Type.: GAS RECOVERY COMPLETION



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

Signed

*Tamra Sessions*  
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 10/28/2010

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

Date:

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

NOV 11 2010

NMOC

FARMINGTON  
BY

cm