

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.

RECEIVED

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

Farmington Field Office
Bureau of Land Management

OCT 12 2010

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: 676' FNL & 1909' FWL

S: 23 T: 031N R: 010W U: C

5. Lease Number:

B-10405-95

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

NMNM-73298

8. Well Name and Number:

ATLANTIC COM B 8B

9. API Well No.

3004535075

10. Field and Pool:

DK - BASIN::DAKOTA

MV - BLANCO::MESAVERDE

11. County and State:

SAN JUAN, 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 10/1/2010 and produced natural gas and entrained hydrocarbons.

Notes: THIS WELL WAS DELIVERED THROUGH GAS RECOVERY COMPLETION. STARTED SELLING ON THE MV 10/01/10, MV & DK FLOWING TOGETHER ON 10/05/10. FINISHED THE GAS RECOVERY COMPLETION 10/07/10.

TP: CP: Initial MCF: 10848

Meter No.: 88875

Gas Co.: ENT

Proj Type.: GAS RECOVERY COMPLETION

RCVD OCT 18 '10
OIL CONS. DIV.
DIST. 3

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

Signed

Tamra Sessions
Tamra Sessions

Title: Staff Regulatory Tech.

Date: 10/10/2010

(This Space for Federal or State Office Use)

APPROVED BY:

Title:

ACCEPTED FOR RECORD
Date:

CONDITION OF APPROVAL, if any:

NMOCD

OCT 13 2010

BY *CM*