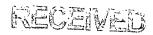
UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



FEB 24 2011

SUTSBUCK S. Leas I-22- Type of Well SWD Tribe Ute No.	otor Field Office. I and Managemen. e Number IND-2772 dian, All. or e Name Mountain Ute Agreement Name Name & Number SWD 1 Well No.
5. Leas I-22- I. Type of Well SWD Tribe Ute N 7. Unit 2. Name of Operator BURLINGTON RESCURCES OIL & GAS COMPANY LP 8. Well Ute S PO Box 4289, Farmington, NM 87499 (505) 326-9700 4. Location of Well, Footage, Sec., T, R, M	e Number IND-2772 dian, All. or e Name Mountain Ute Agreement Name Name & Number
Type of Well SWD 6. If Inc Tribe Ute N 7. Unit PARTINGTON RESCURGES OIL & GAS COMPANY LP 8. Well Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700 Location of Well, Footage, Sec., T, R, M	dian, All. or e Name Mountain Ute Agreement Name Name & Number
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Location of Well, Footage, Sec., T, R, M	
Location of Well, Footage, Sec., T, R, M	
	15-11475
	1.5. 1
	and Pool
Unit M (SWSW), 560' FSL & 315' FWL, Section 11, T32N, R14W, NMPM Bark	er Cree k Dowe
11. Cour	ity and State
	Juan, NM
2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent Notice of Intent Recompletion Type of Action Change of Plans New Construction New Construction	BH & MIT Test
X Subsequent Report Plugging Non-Routine Fracturing	
Casing Repair Water Shut off	
Final Abandonment Altering Casing Conversion to Injection	
3. Describe Proposed or Completed Operations	
<u> </u>	JD MAR 14'11
OII	_CONS.DIV.
	NTCT O
	DIST. 3
4. I hereby certify that the foregoing is true and correct.	
4. I hereby certify that the foregoing is true and correct.	, ,
	Date 2/24/2
	1 Date <u>2/24</u> /2
	1 Date <u>2/24</u> /2
gned	1 Date <u>2/24</u> /2
igned Crystal Tafoya Crystal Tafoya Title: Staff Regulatory Technician This space for Federal or State Office use)	1 Date <u>2/24</u> /2
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y: DUR 3/5/2011

RECEIVED

MAR - 2 2011

Bureau of Land Management Curungo, Coloredo





OIL CONSERVATION DIVISION AZTEC DISTRICT OFFICE 1000 RIO BRAZOS ROAD AZTEC NM 87410 (505) 334-6178 FAX: (505) 334-6170 http://emnrd.state.nm.us/ocd/District II/3distric.htm

BRADENHEAD TEST REPORT

(submit 1 copy to above address)

Date of	f Test_	2-17-	<u>/ </u>		Opera	ator_	Davy 1	peson	_API #	30-0 30-045-11	475
Proper	ty Nan	ne UT	E SWD		Well No.	II,	Location:	Unit_M_S	ection_	//_Township_3z//Ra	nge 144
Well S	tatus(S	Shut-In	or Produ	cing) In	itial PSI:	Tubi	ing 20 Inter	rmediate <u>o</u>	<u>√o</u> Ca	sing-0.4 Bradenhead	10,0
OPE	N BRA	DENH	EAD AN	D INTER	RMEDIA	TE TO	O ATMOSPHE	ERE INDIV	/IDUAL	LY FOR 15 MINUTES	EACH
BH Int Csg In				INTERM Int Csg		FLOW CHARACTERISTICS BRADENHEAD INTERMEDIATE					
TIME 5 min_	0	0	-0.5	0	-0.5	_	Steady Flow_				
10 min_	0	0	-6.5	0	-0.5		Surges				_
15 min_	0	O_	-0.5		-0,5		Down to Noth	ning	-		
20 min_							Nothing				_
25 min_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			···			Gas				_
30 min_					ļ	(Gas & Water_			~~	
							Water			· .	· ·
If brade	nhead	flowed v	vater, chec	k all of t	he descrip	tions	that apply belo	<u>w:</u>	·		
	CLEAL	R	FRESH		SALTY_		SULFUR	BLACK			
5 MINUTE SHUT-IN PRESSURE BRADENHEAD () INTERMEDIATE ()											
REMAR	KS: Saga	ren He	un a	ND T.	NTEM LOJ.	4717	HAO NO	PRAISUR	e in	Firen	
											,
Ву) <u>* </u>	NEC	cow _			Wi	tness				
 	رين (Positi	on)	<u>ന്നം/</u> റ						*		
E-mail a	ddress _				· · ·						