

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## Sundry Notices and Reports on Wells

RECEIVED

8  
1. Type of Well  
GAS

700 DEC -3 AM 11:54

070 Farmington, NM

Lease Number  
NMSF-078385A

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

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  
930'FNL, 790'FEL, Sec.34, T-30-N, R-8-W, NMPM

8. Well Name & Number  
Howell L #304

9. API Well No.  
30-045-28791

10. Field and Pool  
Basin Fruitland Coal

11. County and State  
San Juan Co, NM

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

## Type of Submission

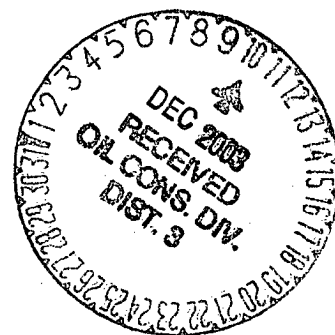
## Type of Action

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<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
	<input checked="" type="checkbox"/> Other - Temporarily abandoned	

## 13. Describe Proposed or Completed Operations

The subject well was temporarily abandoned with a cast iron bridge plug on 9-17-03. Please continue to keep this well as temporarily abandoned for a period of one year while we evaluate for a restimulation.

THIS APPROVAL EXPIRES DEC 01 2004



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

Signed Nancy Olthman Title Senior Staff Specialist Date 12/1/03

(This space for Federal or State Office use)

APPROVED BY Original Signed: Stephen Mason Title \_\_\_\_\_ Date DEC 08 2003  
CONDITION OF APPROVAL, if any:

NMOC