

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

RECEIVED

APR 30 2010

## Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator <b>BURLINGTON</b> RESOURCES OIL &amp; GAS COMPANY LP</p> <p>3. Address &amp; Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M Surf: Unit N (SESW), 790' FSL &amp; 1800' FWL, Section 9, T28N, R13W, NMPM</p>	<p>5. Lease Number SF - 077968</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name &amp; Number C J Holder 16</p> <p>9. API Well No. 30-045-25019</p> <p>10. Field and Pool Basin DK</p> <p>11. County and State Sn Juan Co., NM</p>
---	--

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

Type of Submission	Type of Action	
<input 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 checked="" type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging	<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

**13. Describe Proposed or Completed Operations**

This well was P & A on 08/02/1989. Reclamation was done and is now ready for final closure approval. Please remove this well from Burlington Resources Oil & Gas Company bond.

RCUD MAY 17 '10  
OIL CONS. DIV.

DIST. 3

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

Signed Jamie Goodwin Jamie Goodwin Title Regulatory Technician Date 04/27/2010.

(This space for Federal or State Office use)

APPROVED BY Bruce Smith Title Branch Chief Date 5/10/10  
**Environmental Protection and Realty**

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

NMOCB to