

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## Sundry Notices and Reports on Wells

1. Type of Well  
GAS

2. Name of Operator

**BURLINGTON  
RESOURCES**

OIL & GAS COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

910' FNL, 1140' FEL, Sec. 6, T-24-N, R-6-W, NMPM

5. Lease Number  
SF-078874

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

Canyon Largo Unit

8. Well Name & Number

Canyon Largo U #258

9. API Well No.

30-039-20950

10. Field and Pool

Ballard Pict Cliffs

11. County and State

Rio Arriba Co, NM

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 checked="" 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

12-7-01 MIRU. ND WH. NU BOP. Load hole w/wtr. Weld crack in 2 7/8" tbg between WH & tbg valve. Pump 20 bbl wtr down csg. No flow out bradenhead. Pressure up to 500 psi, csg OK. TIH w/2 7/8" gauge ring to 2290'. TOOH. Establish injection into existing perfs. Plug #1: pump 95 sx Class "B" neat cmt into existing perfs. WOC. TOOH. TIH, tag TOC @ 152'. TOOH. Plug #2: pump 25 sx Class "B" neat cmt to fill csg. ND BOP. Cut off WH. Install dry hole marker w/5 sx Class "B" neat cmt. RD. Rig released.

Well plugged and abandoned 12-7-01.

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

Signed [Signature] Title Regulatory Supervisor Date 12/20/01  
no

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

MMOCD

LD OFFIC