

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

- | | |
|---|--|
| <p>1. Type of Well
GAS</p> <hr/> <p>2. Name of Operator
BURLINGTON
RESOURCES OIL & GAS COMPANY</p> <hr/> <p>3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M
1460' FSL, 1460' FWL, Sec. 28, T-25-N, R-7-W, NMPM</p> | <p>5. Lease Number
SF-078878</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name

Canyon Largo Unit</p> <p>8. Well Name & Number
Canyon Largo U #289</p> <p>9. API Well No.
30-039-21174</p> <p>10. Field and Pool
Ballard Pict. Cliffs</p> <p>11. County and State
Rio Arriba Co, NM</p> |
|---|--|

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 - Install coiled tubing | |

13. Describe Proposed or Completed Operations

It is intended to install coiled tubing in the subject well. Work will be completed by 5-31-01.



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

Signed *Jordan Cal* (JM3) Title Regulatory Supervisor Date 2/26/01
no

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date 3/1/01
CONDITION OF APPROVAL, if any:

NMOCU

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