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| DEPARTME | NT | OF | THE | INTE | RIOF | | |
| BUREAU | OF | LAN | ID MA | NAGE | MENT | | |

| Sundry Notices and Reports on Wells : | | |
|--|----------|---|
| | 5. | Lease Number SF-079393 |
| L. Type of Well GAS | 6. | If Indian, All. or Tribe Name |
| | 7. | Unit Agreement Name |
| BURLINGTON RESOURCES ON A GIR GOVENNY | | Con Tuen 27 5 Weit |
| OIL & GAS COMPANY | 8 . | San Juan 27-5 Unit Well Name & Number |
| PO Box 4289, Farmington, NM 87499 (505) 326-960 | 9. | San Juan 27-5 U #1099 API Well No. 30-039-23589 |
| Location of Well, Footage, Sec., T, R, M 1510'FSL, 1710'FEL, Sec.3, T-27-N, R-5-W, NMPM | 10. | Field and Pool Basin Dakota |
| | 11. | County and State Rio Arriba Co, NM |
| | | |
| 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, O Type of Submission Type of Action | THER | DATA |
| _X_ Notice of Intent _X_ Abandonment Change of | | |
| Recompletion New Cons | | |
| Subsequent Report Plugging Back Non-Rout Casing Repair Water Sh | | Fracturing ff |
| Final Abandonment Altering Casing Conversi Other - | | |
| 13. Describe Proposed or Completed Operations | | · · · · · · · · · · · · · · · · · · · |
| It is intended to plug and abandon the subject well. A deta be submitted by 9-29-00. | ailed | procedure will |
| 14. I hereby certify that the foregoing is true and correct. | | |
| Signed MH) Title Regulatory Supervisor | <u>r</u> | _Date 8/28/00 |
| | - | CCEPTED FOR RECORD |
| CONDITION OF APPROVAL, if any: | _ | UG 3 0 2000 |

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. CLOOMEN