

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

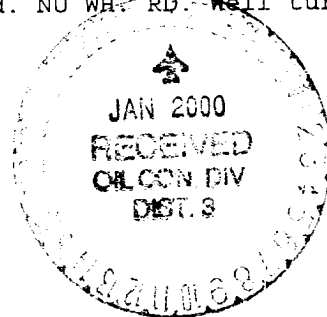
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|--|--|
| 1. Type of Well<br>GAS   | 5. Lease Number<br>SF-078388                 |
| 2. Name of Operator<br><b>BURLINGTON<br/>RESOURCES</b> OIL & GAS COMPANY                         | 6. If Indian, All. or<br>Tribe Name          |
| 3. Address & Phone No. of Operator<br>PO Box 4289, Farmington, NM 87499 (505) 326-9700           | 7. Unit Agreement Name<br>Huerfanito Unit    |
| 4. Location of Well, Footage, Sec., T, R, M<br>900' FNL, 1150' FWL, Sec. 12, T-26-N, R-9-W, NMPM | 8. Well Name & Number<br>Huerfanito Unit #64 |
|  | 9. API Well No.<br>30-045-05962              |
|  | 10. Field and Pool<br>Ballard P.C.           |
|  | 11. County and State<br>San Juan 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 type="checkbox"/> Abandonment             |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion            |
| <input type="checkbox"/> Final Abandonment            | <input type="checkbox"/> Plugging Back           |
|   | <input type="checkbox"/> Casing Repair           |
|   | <input type="checkbox"/> Altering Casing         |
|   | <input checked="" type="checkbox"/> Other -      |
|   | <input type="checkbox"/> Change of Plans         |
|   | <input type="checkbox"/> New Construction        |
|   | <input type="checkbox"/> Non-Routine Fracturing  |
|   | <input type="checkbox"/> Water Shut off          |
|   | <input type="checkbox"/> Conversion to Injection |

13. Describe Proposed or Completed Operations

12-15-99 RU. ND WH. NU tbg head. TIH, circ & CO to PBTD @ 2064'. TOOH. TIH w/  
1 1/4" coil tbg, set @ 1975'. ND tbg head. NU WH. RD. Well turned  
over to production.



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

Signed [Signature] Title Regulatory Administrator Date 12/21/99

TLW

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any:

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

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