

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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| <p>1. Type of Well
GAS</p> <p>2. Name of Operator
BURLINGTON
RESOURCES OIL & GAS COMPANY</p> <p>3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M
890' FSL, 1560' FEL, Sec. 4, T-26-N, R-8-W, NMPM</p> | <p>5. Lease Number
SF-078430</p> <p>6. If Indian, All. or
Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number
Newsom A #2</p> <p>9. API Well No.
30-045-05996</p> <p>10. Field and Pool
Ballard PC</p> <p>11. County and State
San Juan Co, NM</p> |
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

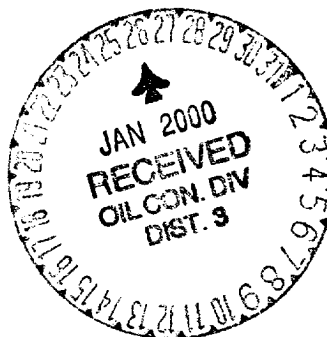
Type of Submission

Type of Action

- | | | |
|---|---|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" 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 - | |

13. Describe Proposed or Completed Operations

1-13-00 RU. ND WH. NU tbg head. TIH, CO to PBTD @ 2394'. Land 1 1/4" coil tbg @ 2278'. ND tbg head. NU WH. RD. Well turned over to production.



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

Signed *Deanna Call* Title Regulatory Administrator Date 1/14/00

TLW

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date JAN 24 2000

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.

NMOC