

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

Sundry Notices and Reports on Well 99 OCT 10 AM 6:02

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) 366-9700

4. Location of Well, Footage, Sec., T, R, M  
1760' FSL, 945' FWL, Sec. 9, T-26-N, R-9-W, NM M

5. Lease Number  
SF-078000

6. If Indian, All. or Tribe Name

7. Unit Agreement Name  
Huerfano Unit

8. Well Name & Number  
Huerfano Unit #129E

9. API Well No.  
30-045-26652

10. Field and Pool  
Basin Dakota

11. County and State  
San Juan Co, NM

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 - Recompletion	

13. Describe Proposed or Completed Operation

It is intended to request a one year extension on the subject well. If the Huerfano Unit #156E which is to be recompleted in 1999 is successful, we plan to recomplete the subject well from the current Dakota formation to the Gallup formation.

THIS APPROVAL EXPIRES

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

Signed Regan Cole Title Regulatory Administrator Date 9/23/99  
trc

(This space for Federal or State Office use)

APPROVED BY Chip Sanada Title Acting Team Lead Date 10/13/99  
CONDITION OF APPROVAL, if any: