CONDITION OF APPROVAL, if any:

## UNITED STATES

## DEPARTMENT OF THE INTERIOR

a 17.2 19	7.1	1:27
-----------	-----	------

BUREAU OF LAND MANAGEMENT

070 PALL S. J. C. J. 134 Sundry Notices and Reports on Wells Lease Number NM-011393 If Indian, All. or 6. 1. Type of Well Tribe Name GAS 7. Unit Agreement Name 2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY 8. Well Name & Number Cleveland #1R 3. Address & Phone No. of Operator 9. API Well No. PO Box 4289, Farmington, NM 87499 (505) 326-9700 30-045-29555 10. Field and Pool 4. Location of Well, Footage, Sec., T, R, M 1010' FNL, 1145' FEL, Sec. 17, T-27-N, R-9-W, NMPM Fulcher Kutz PC 11. County and State San Juan Co, NM 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Action Type of Submission \_X\_ Change of Plans \_\_\_\_ Abandonment X Notice of Intent \_\_\_ New Construction \_\_\_ Recompletion \_\_\_\_ Non-Routine Fracturing \_\_\_\_ Plugging Back Subsequent Report \_\_\_ Water Shut off \_ Casing Repair \_\_\_\_ Altering Casing \_\_\_ Conversion to Injection Final Abandonment Other -Describe Proposed or Completed Operations 13. It is intended to change the surface casing program on this well as follows: Drill an 8 %" surface hole to 120'. Run 7", 20.0# J-55 surface casing set from 0-120'. Cement w/46 sx Class "G" w/3% calcium chloride and 0.25 pps cellophane (54 cu ft of slurry, 200% excess to circulate to surface). WOC 8 hrs. Test casing to 600 psi for 30 minutes. OIL COM, DIV. I hereby certify that the foregoing is true and correct. Machued Title Regulatory Administrator Date 3/18/98\_\_\_\_ (This space for Federal or State Office use)