

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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) 326-9700

4. Location of Well, Footage, Sec., T, R, M

325' FNL, 1520' FWL, Sec. 31, T-27-N, R-10-W, NMPM

5. Lease Number
SF-078422
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
Huerfano Unit
8. Well Name & Number
Huerfano Unit #302
9. API Well No.
30-045-29579
10. Field and Pool
Angels Peak Gallup
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 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 - Top of cement | |

13. Describe Proposed or Completed Operations

5-5-98 Ran temperature survey @ 0-4891', TOC on 7" csg @ 450'. 4 1/2" lnr was not cemented.

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

Signed *Debra J. Shadwell* Title Regulatory Administrator Date 6/23/98
no

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

Date _____
ACCEPTED FOR RECORD

JUL 06 1998

NMOCD

FARMINGTON DISTRICT OFFICE
BY *[Signature]*