UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



Sundry Nocio	es and Reportscomments Fil 3:33	
	076 SALL OF MIN 5	Lease Number SF-077085
. Type of Well	6	If Indian, All. or
GAS	· · · · · · · · · · · · · · · · · · ·	Tribe Name
		Unit Agreement Name
2. Name of Operator		OHIC AGIECANCIIC Name
BURLINGTON		
	GAS COMPANY OF COMPANY	ICP
	(33,00 B) 8	. Well Name & Number
3. Address & Phone No. of Operat		Omler #2 . API Well No.
PO Box 4289, Farmington, NM	87499 (505) 326-9700	30-045-07079
4. Location of Well, Footage, Se	., T, R, M	0. Field and Pool
1650'FNL, 990'FWL, Sec.3%, T-	8-N, R-10-W, NMPM	Fulcher Kutz PC/Basin F
6	1	1. County and State
36		San Juan Co, NM
12. CHECK APPROPRIATE BOX TO INC	CATE NATURE OF NOTICE, REPORT, OTH	ER DATA
Type of Submission	Type of Action	
X Notice of Intent	_X_ Abandonment Change of	
	Recompletion New Constr	
Subsequent Report	Plugging Back Non-Routin	
	Casing Repair Water Shut	off
Subsequent Report Final Abandonment	Casing Repair Water Shut Altering Casing Conversion	off
	Casing Repair Water Shut	off
	Casing Repair Water Shut Altering Casing Conversion X Other -	off
Final Abandonment Final Abandonment 13. Describe Proposed or Compl	Casing Repair Water Shut Altering Casing Conversion X Other -	off to Injection
It is intended to plug and by November 30, 1999. 14. I hereby certify that the Signed Manage Columns.	Casing Repair Water Shut Altering Casing Conversion X Other - eted Operations abandon the subject well. A process of the pro	off to Injection edure will be submitted Date 10/4/99
It is intended to plug and by November 30, 1999. 14. I hereby certify that the Signed Manage Columns.	Casing Repair Water Shut Altering Casing Conversion X Other - eted Operations abandon the subject well. A process of the pro	off to Injection edure will be submitted Date 10/4/99

Ma . K. W SERICE