

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> <hr/> <p>2. Name of Operator
BURLINGTON
RESOURCES OIL & GAS COMPANY</p> <hr/> <p>3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M
369' FSL, 939' FWL, Sec. 11, T-28-N, R-10-W, NMPM
M</p> | <p>5. Lease Number
SF-080724A</p> <p>6. If Indian, All. or
Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number
Zachry #56</p> <p>9. API Well No.
30-045-25649</p> <p>10. Field and Pool
Blanco Mesaverde
Armenta Gallup</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 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 - | |

13. Describe Proposed or Completed Operations

Please cancel our intent sundry to recompleate the subject well to the Mesaverde,
approved 6-6-95.
12

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

Signed *Duane W. Spencer* (PMP2) Title Regulatory Administrator Date 6/16/97

(This space for Federal or State Office use)

APPROVED BY *Duane W. Spencer* Title _____ Date JUN 27 1997

CONDITION OF APPROVAL, if any:

NMOC