

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells 17

1. Type of Well  
GAS

2. Name of Operator  
**BURLINGTON  
RESOURCES**

3. Address & Phone No. of Operator  
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M  
1190' FSL, 890' FWL, Sec. 6, T29-N, R-8-W

5. Lease Number  
SF 078487-B
6. If Indian, All. or  
Tribe Name
7. Unit Agreement Name
8. Well Name & Number  
Prichard Federal #2
9. API Well No.  
30-045-08650
10. Field and Pool  
Blanco MV
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 -tubing repair |  |

13. Describe Proposed or Completed Operations

It is intended to repair tubing on the subject well according to the attached procedure.

RECEIVED  
JAN 13 1998  
OIL CON. DIV.  
DIST. 3

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

Signed [Signature] (MEL6) Title Regulatory Admin. Date 12/30/97

(This space for Federal or State Office use)

APPROVED BY /s/ Duane W. Spencer Title \_\_\_\_\_ Date JAN - 9 1998

CONDITION OF APPROVAL, if any:

NMOCD