

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 790' FSL, 1565' FWL, Sec. 26, T-30-N, R-7-W, NMPM</p> | <p>5. Lease Number SF-079383</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name San Juan 30-6 Unit</p> <p>8. Well Name & Number San Juan 30-6 U #415</p> <p>9. API Well No. 30-039-24188</p> <p>10. Field and Pool Basin Fruitland Coal</p> <p>11. County and State Rio Arriba 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 checked="" 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 type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

Please cancel the intent to recavitate the subject well approved

RECEIVED
BLM
97 JUL -9 PM 1:28
FARMINGTON, NM

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

Signed Wayne Townsend (DMFTC) Title Regulatory Administrator Date 7/8/97

(This space for Federal or State Office use)

APPROVED BY WAYNE TOWNSEND Title Reg. Ad. Date 7-11-97

CONDITION OF APPROVAL, if any: