

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

Sundry Notices and Reports on Wells

070 FARMINGTON, NM

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

990' FNL, 990' FWL, Sec. 11, T-29-N, R-11-W, NMPM

D

5. Lease Number  
NM-03486A

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Lloyd A #1

9. API Well No.  
30-045-13360

10. Field and Pool  
Basin Fruitland Coal

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 - Reconnect to pipeline	

13. Describe Proposed or Completed Operations

It is intended to reconnect the subject well to the pipeline. It is currently blind plated at the meter. Production tests indicate it will produce.

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OIL CON. DIV.  
DIST. 3

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

Signed Ray Shashield (PMP2) Title Regulatory Administrator Date 11/13/96

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

**APPROVED**

/S/ Duane W. Spencer  
DEC - 2 1996

DISTRICT MANAGER

NMOCD