

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135

Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS
*Do not use this form for proposals to drill or to re-enter an
abandoned well. Use form 3160-3 (APD) for such proposals.*

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well Other		5. Lease Serial No. SF-078580
2. Name of Operator BURLINGTON RESOURCES OIL & GAS		6. If Indian, Allottee or Tribe Name
3a. Address 3401 EAST 30TH FARMINGTON, NM 87402	3b. Phone No. (include area code) 505.326.9727	7. If Unit or CA/Agreement Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650FWL 1500FNL F-4-30-8		8. Well Name and No. HOWELL A 3A
		9. API Well No. 3004521730
		10. Field and Pool, or Exploratory Area BLANCO MESAVERDE
		11. County or Parish, and State SAN JUAN NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be files within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)
- (4-6-01) MIRU. TOO H w/pump & rods. ND WH. NU BOP. TOO H w/2-3/8" tbg. SDON.(4-9-01) TIH w/RBP, set @ 4800'. SDON.(4-10-01) TIH w/pkr, hunt for holes in casing. SDON.(4-11-01) Swab test each zone to determine water influx. Rls RBP & reset @ 5030'. Swab test Cliffhouse perfs for water entry. Circ water from csg. Rls RBP & TOO H. SDON.(4-12-01) TIH w/4-1/2" pkr, set @ 5028', swab test the Menefee perfs. Rls pkr & reset @ 5280', swab test the Point Lookout perfs. SDON.(4-16-01) Rls pkr & TOO H. TIH w/180 jts 2-3/8" 4.7# J-55 tbg, set @ 5692'. SN @ 5655'. ND BOP. NU WH. TIH w/pump & rods. PT & pump action, OK. RD. Rig released.

Electronic Submission #4107 verified by the BLM Well Information System for BURLINGTON RESOURCES OIL & GAS Sent to the Farmington Field Office
Committed to AFMSS for processing by Maurice Johnson on 05/11/2001

Name (Printed/Typed) PEGGY COLE	Title REPORT AUTHORIZER
Signature	Date 05/09/2001

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date MAY 22 2001
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____	BY MW