

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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

1610' FNL, 1040' FEL, Sec.13, T-30-N, R-9-W, NMPM

#

5. Lease Number
SF-077231

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Shaw #3

9. API Well No.
30-045-26489

10. Field and Pool
Blanco Pictured Cliffs

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 type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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

12-10-96 MIRU. TIH. Plug #1: pump 65 sx Class "B" neat cmt down 2 7/8" csg. Displace to 750'. WOC. SDON.

12-11-96 TIH, tag Plug #1 @ 861'. TOOH to 346'. Perf 2 sqz holes @ 346'. TOOH. Establish circ down csg & out bradenhead. Plug #2: pump 132 sx Class "B" neat cmt down csg & out bradenhead. Circ 1 bbl cmt to surface. WOC. Cut off WH. Fill 2 7/8" csg & csg annulus w/10 sx Class "B" neat cmt. Install dry hole marker w/10 sx Class "B" neat cmt. RD. Rig released. Well plugged and abandoned 12-11-96.

RECEIVED
JAN 21 1997

OIL & GAS
BUREAU

RECEIVED
FARMINGTON, NM
JAN 14 1997
P11 4:38

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

Signed Deane W. Spencer Title Regulatory Administrator Date 1/15/97

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

Date

APPROVED

TS/Duane W. Spencer
DISTRICT MANAGER

NMOCD