

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
1550' FSL, 1600' FWL, Sec.12, T-32-N, R-10-W, NMPM
K
5. Lease Number
SF-079143
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
San Juan 32-9 Unit
8. Well Name & Number
San Juan 32-9 U #56
9. API Well No.
30-045-11497
10. Field and Pool
Blanco Mesaverde
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 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 checked="" type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

Please cancel the sundry to perform a tubing repair on the subject well approved 8-18-95.

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

Signed [Signature] (VGW5) Title Regulatory Administrator Date 10/9/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

OCT 17 1996

FARMINGTON DISTRICT OFFICE

BY _____

NMOC