UNIT	ED :	STATI	3S
DEPARTMENT	OF	THE	INTERIOR
BURRAU OF	T. 21	NT MZ	NACEMENT

	Sundry Notices	s and Reports or	n Wells	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				5.	Lease Number	
Type of Well GAS		w	audian den 113 m de verdere i monte.	6.	If Indian, A Tribe Name	ll. or
2. Name of Operator					Unit Agreeme	nt Name
BURLINGI	<u>Q</u> N		007	0 4 4060	4	
RESOURCE	ES OIL & G	AS COMPANY	uva 'CCL	2 1 1898 "	, <b>e</b> e"	
					Well Name & Grenier #13E	Number
. Address & Phone No	<del>-</del>					
PO Box 4289, Farm	ington, NM 8	/499 (505) 326-5	9700	j. 5 9.	<b>API Well No.</b> 30-045-25332	
. Location of Well,	Footage, Sec.,	, T, R, M	<del></del>	10.	Field and Po	
1760'FNL, 1520'FWL	, Sec.20, T-31	L-N, R-11-W, NMF	PM		Basin Dakota	
				11.	County and S San Juan Co,	
2. CHECK APPROPRIATE	BOX TO INDICA	ATE NATURE OF NO	TICE. REPO	RT. OTHER	DATA	
Type of Submission			of Action	, 0		
Notice of		Abandonment		nge of Pla		
V Cubaamiant	<del>-</del>	Recompletion		Construct		
_X_ Subsequent		Plugging Back Casing Repair		-Routine er Shut o:	_	
Final Aban		Casing Repair Altering Casi				
		Other - tubir		verbron e	o injection	
3. Describe Propos	ed or Complete	d Operations				
	ND WH. NU BOR	P. TIH, tag up @	7203'. TO	OH w/2-3/8	8" tbg. TIH, c	circ &
		' 4.7# J-55 tbg	@ 7215'. N	D BOP. NU	WH. RD. Rig r	celease
	_				J	
	<del></del>	secoing is true	and correc	t.		
4. I hereby certify	v/that the for	egoing is true				
. <i>Y (0</i>		Title <u>Regulator</u>		<u>rator</u> Date	e 10/13/99	
igned Seggy Co	ele	Title Regulator		<u>rator</u> Date	e 10/13/99 TLW	
igned Lifty This space for Feder	ele	Title Regulator		rator_Date	TLW	A BEC