## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT



JUN 14 2011

		<u>JUN</u>	14 2011
	Sundry Notices and Reports on Wells		E' 11014
_	Type of Well GAS  Name of Operator  BURLINGTON  RESCURCES OIL & GAS COMPANY LP	itmind.	ton Field Office
		aus!! [	anLease Number SF-080713-B
1	Type of Well	6.	If Indian, All. or
1.	Type of Well GAS	υ.	Tribe Name
	WAS A STATE OF THE		Tibe Name
	8 1 m 2 1/1/2/2 22	7.	Unit Agreement Name
2	Name of Orogetan	7.	Unit Agreement Name San Juan 30-6 Unit
2.	Name of Operator		San Juan 50-6 Unit
	BURLINGTON		
	RESOURCES OIL & GAS COMPANY LP		
		8.	Well Name & Number
3.	Address & Phone No. of Operator		San Juan 30-6 Unit 43N
	PO Box 4289, Farmington, NM 87499 (505) 326-9700	9.	API Well No.
_	1.		
			30-039-30958
4.	Location of Well, Footage, Sec., T, R, M		
		10.	Field and Pool
	Surface: Unit J (NWSE), 1980' FSL & 1475' FEL, Section 14, T30N, R6W, NMPM		Blanco MV / Basin DK
	Bottomhole: Unit O (SWSE), 835' FSL & 2330' FEL, Section 14, T30N, R6W, NMPM	11.	County and State
	bottominoie. Ont o (SWSE), 655 FSD & 2550 FEL, Section 14, 15614, Row, 1411 H	11.	Rio Arriba, NM
			Rio Alliba, INM
12	CHECK APPROPRIATE DOVE O INDICATE NATURE OF NOTICE DEPORT OF	TIED	DATA
12.	CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OT Type of Submission  Type of Action	HER	DATA
	X Notice of Intent Abandonment Change of Plans	Х	Other - Squeeze
	Recompletion New Construction		<del>-</del>
	Subsequent Report Plugging Non-Routine Fracturing		
	Casing Repair Water Shut off		
,	7 Final Abandonment Altering Casing Conversion to Injection		
*	<u> </u>		
13	Describe Proposed or Completed Operations		
		:4	11 TOO @ 57201 CDI
	/10/2011 Notified BLM (Jim Lovato) & OCD (Brandon Powell) of request to squeeze the sub		
	th cmt or formation @ 1900'. Requested permission to fracture Basin Dakota and perform squ		
	mp 121sx of Premium Lite cmt w/ 20bbls seal bond. Verbal approval was received with requests	est to c	an agencies with results of
CE	L after squeeze was conducted.		
14	I hereby certify that the foregoing is true and correct.		
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Sig	ned <u>Stal Taloya</u> Crystal Tafoya Title: Staff Regulat	ory Te	echnician Date <u>6 [14]</u> []
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(T)	nis space for Federal o <del>r State</del> Office use)		. (
ΑF	PROVED BY Title Fetr. En		Date
	ONDITION OF APPROVAI, if any:		<del></del>
Title	18 U.S.C. Section 1001, makes it a come for any person knowingly and willfully to make any department or agency of Inited States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction		
the T			

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