

# RECEIVED

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SEP 27 2011

Farmington Field Office  
Bureau of Land Management

Sundry Notices and Reports on Wells

1. Type of Well  
GAS

2. Name of Operator  
**BURLINGTON**  
RESOURCES OIL & GAS COMPANY LP

3. Address & Phone No. of Operator  
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M  
Surface: Unit L (NWSW), 1850' FSL & 990' FWL, Section 15, T29N, R10W, NMPM

5. Lease Number  
SF-077865
6. If Indian, All. or  
Tribe Name
7. Unit Agreement Name
8. Well Name & Number  
ALBRIGHT #8
9. API Well No.  
30-045-11833
10. Field and Pool  
Basin Dakota
11. County and State  
San Juan, 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 type="checkbox"/> Abandonment	<input checked="" 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	<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

13. Describe Proposed or Completed Operations

Attached is a drawing for the UPGRADE placement of the cathodic ground, rectifier and cable for the subject well.

ACCEPTED FOR RECORD

SEP 28 2011

FARMINGTON FIELD OFFICE  
BY Denise Journey

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

Signed Denise Journey Denise Journey Title: Staff Regulatory Technician Date 9-21-11

(This space for Federal or State Office use) APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

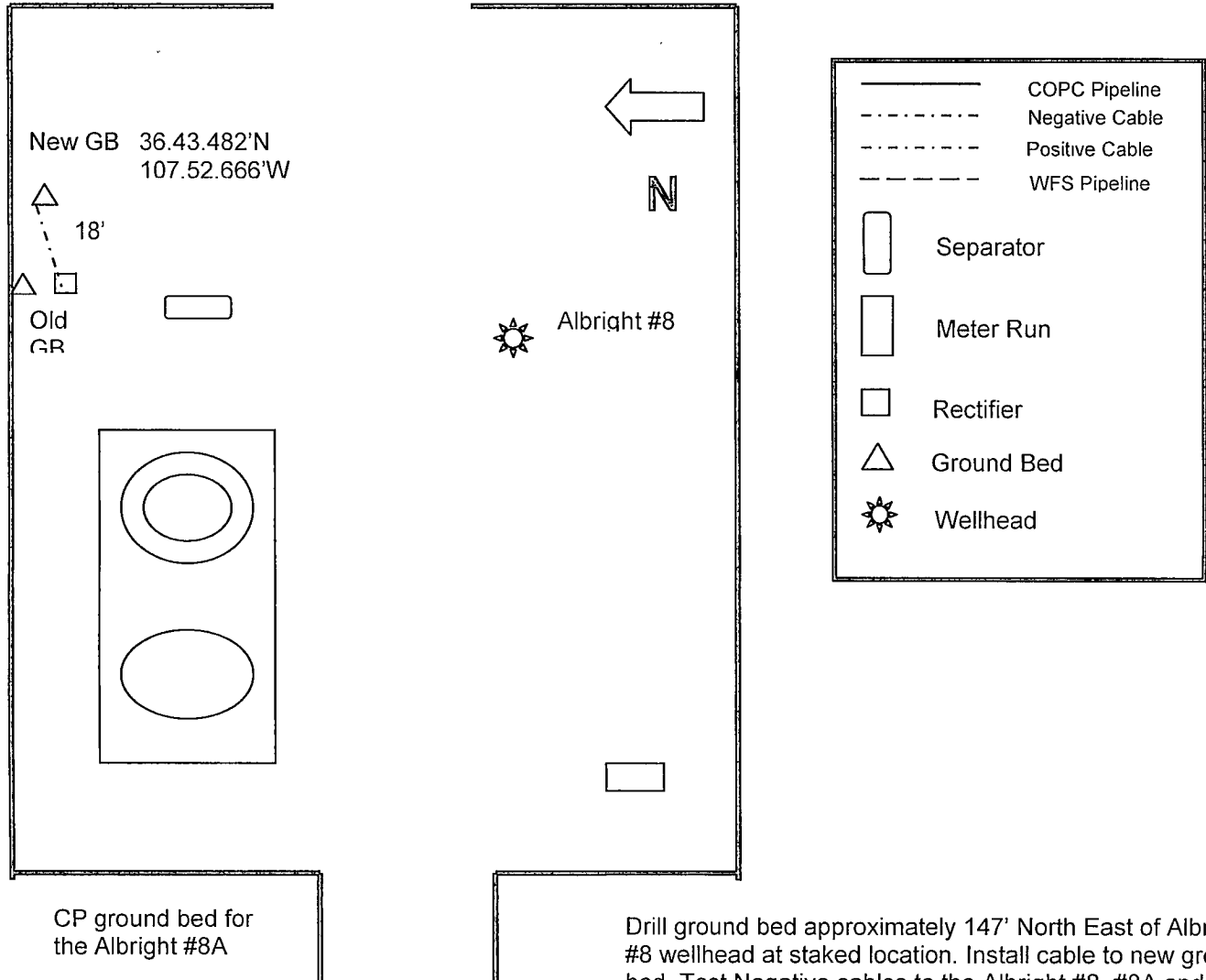
CONDITION OF APPROVAL, if any:  
Title 18 U S C Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

NMOC

*R*

# Albright #8

Section 15, T29N, R10W, N.M.P.M., San Juan County, NM



Albright #8 Cables:

Negative: Test negative cables to Albright #8, #8A, And #1

Positive: 18'

Total Ditch: 18'