

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

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M Unit L (NWSW), 1750' FSL & 940' FWL, Sec. 15, T32N, R14W, NMPM</p>	<p>5. Lease Number I-22-IND-2772</p> <p>6. If Indian, All. or Tribe Name Ute Mountain Ute</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Ute 8</p> <p>9. API Well No. 30-045-11410</p> <p>10. Field and Pool Barker Dome Ismay Barker Dome Hermosa</p> <p>11. County and State <i>Honaker Trail</i> San Juan Co., NM</p>
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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 type="checkbox"/> Change of Plans <input checked="" type="checkbox"/> Other - TOPS
<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

Corrected tops:

Greenhorn	2430'
Dakota	2553'
Morrison	2767'
Entrada SS	3736'
Chinle	4263'
Shinarump	4972'
Cutler	5268'
Hermosa	6817'
Ismay	8029'
Desert Creek	8200'
Akah	8340'
Barker Creek	8512'
Alkali Gulch	8748'

Honaker Trail

ACCEPTED FOR RECORD
By: *Dul* 5/26/09
San Juan Field Office Area
Bureau of Land Management

RCVD MAY 27 '09
OIL CONS. DIV.
DIST. 3

RECEIVED

DEC 23 2008

Bureau of Land Management
Durango, Colorado

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

Signed *Tamra Sessions* Title Staff Regulatory Technician Date 12/22/2008

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOCD

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