## **RECEIVED**

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

JUL 20 2010

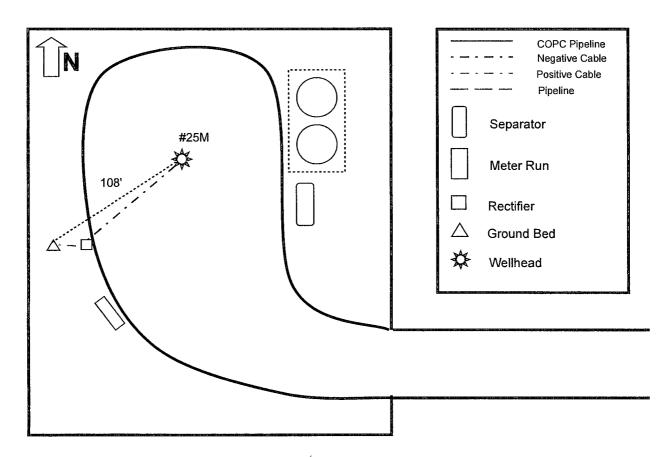
| BURLINGTON  RESCURCES OIL & GAS COMPANT P  3. Address & Phone No. of Operator  PO Box 4289, Farmington, NM 87499 (505) 326-9700  4. Location of Well, Footage, Sec., T, R, M  Surf: Unit B (NWNE), 1262' FNL & 1825' FEL, Section 29, T30N, R8W, NMPM  Bottomhole: Unit F (SENW), 2035' FNL & 1369' FWL, Section 29, T30N, R8W, NMPM  10. Field and Pool  11. County and State San Juan Co., NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  Notice of Intent  Abandonment  Abandonment  Abandonment  Abandonment  Change of Plans  Non-Routine Fracturing  Water Shat off  Conversion to Injection  13. Describe Proposed or Completed Operations  Attached is a drawing of the placement of the cathodic ground bed, rectifier and cable for the subject well.  ACCEPTED FOR RECORD  14. I hereby certify that the foregoing is true and correct.  Signed  Brandie Blakley Title  Brandie Blakley Title  Staff Regulatory Technician  Date 7-19-10  Date  CONDITION OF APPROVAL, if any:   | Sundry Notices and Reports on Wells  | ,               | Farmington Field Office Bureau of Land Management |
|--|--|-----------------|---|
| 4. Location of Well, Footage, Sec., T, R, M  Surf: Unit B (NWNE), 1262' FNL & 1825' FEL, Section 29, T30N, R8W, NMPM Bottomhole: Unit F (SENW), 2035' FNL & 1369' FWL, Section 29, T30N, R8W, NMPM  10. Field and Pool  Blanco MV 11. County and State San Juan Co., NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA Type of Submission Notice of Intent Recompletion Non-Routine Fracturing Casing Repair Plugging Non-Routine Fracturing Altering Casing Conversion to Injection  13. Describe Proposed or Completed Operations  Attached is a drawing of the placement of the cathodic ground bed, rectifier and cable for the subject well. ACCEPTED FOR RECORD  14. I hereby certify that the foregoing is true and correct.  Signed  March Regulatory Technician Date 7-19-10  This space for Federal or State Office use) APPROVAL, if any:  | 10222  | 5.              |   |
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| 4. Location of Well, Footage, Sec., T, R, M  Surf: Unit B (NWNE), 1262' FNL & 1825' FEL, Section 29, T30N, R8W, NMPM  Bottomhole: Unit F (SENW), 2035' FNL & 1369' FWL, Section 29, T30N, R8W, NMPM  11. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  Type of Action  Notice of Intent  Recompletion  Non-Routine Fracturing Casing Repair  Casing Repair  Plugging Non-Routine Fracturing Casing Repair  Conversion to Injection  13. Describe Proposed or Completed Operations  Attached is a drawing of the placement of the cathodic ground bed, rectifier and cable for the subject well.  ACCEPTED FOR RECORD  14. I hereby certify that the foregoing is true and correct.  Signed  Brandie Blakley Title  Staff Regulatory Technician  Date 7-19-10  (This space for Federal or State Office use)  APPROVED BY  CONDITION OF APPROVAL, if any:  | PO Box 4289, Farmington, Nivi 8/499 (303) 320-9/00   | 9.              | API Well No.                                      |
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| Surf: Unit B (NWNE), 1262' FNL & 1825' FEL, Section 29, T30N, R8W, NMPM  Bottomhole: Unit F (SENW), 2035' FNL & 1369' FWL, Section 29, T30N, R8W, NMPM  11. County and State San Juan Co., NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  Notice of Intent  Abandonment  Recompletion  Non-Routine Fracturing  Non-Routine Fracturing  Casing Repair  Casing Repair  Water Shut off  Conversion to Injection  13. Describe Proposed or Completed Operations  Attached is a drawing of the placement of the cathodic ground bed, rectifier and cable for the subject well.  ACCEPTED FOR RECORD  14. I hereby certify that the foregoing is true and correct.  Signed  Brandie Blakley Title  Staff Regulatory Technician  Date 7-/9-()  Title  Date  Date  CONDITION OF APPROVAL, if any:   | 4. Location of Well, Footage, Sec., T, R, M  |                 |   |
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| 11. County and State San Juan Co., NM  12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission  Notice of Intent Recompletion New Construction New Construction Non-Routine Fracturing Casing Repair Final Abandonment Altering Casing Conversion to Injection  13. Describe Proposed or Completed Operations  Attached is a drawing of the placement of the cathodic ground bed, rectifier and cable for the subject well.  ACCEPTED FOR RECORD  14. I hereby certify that the foregoing is true and correct.  JUL 2 1 2010  FARMINGTES FIFL TOFFICE BY  Water Shu off Conversion to Injection  ACCEPTED FOR RECORD  14. I hereby certify that the foregoing is true and correct.  Signed  Brandie Blakley Title Staff Regulatory Technician  Date 7-/9-/0  Title Date CONDITION OF APPROVAL, if any:  |  |                 | Dl N/X7   |
| 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission   | Bottomnole: Unit F (SENW), 2035, FNL & 1309, FWL, Section 29, 130N, R8W, NWPW  | 11              |   |
| 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA  Type of Submission Notice of Intent  Notice of Intention  Note Octation Non-Routine Fracturing Non-Routine Frac |  | 11.             |   |
| Type of Submission   Type of Action   Abandonment   Change of Plans   X   Other   Cathodic Protection  |  |                 |   |
| Notice of Intent  Recompletion Recompletion New Construction New Construct | 12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, O  | THER            | DATA  |
| Recompletion   New Construction   Non-Routine Fracturing   Non-Routine Fracturing   Water Shut off   Casing Repair   Water Shut off   Conversion to Injection  |  | 37              |   |
| X Subsequent Report Plugging Non-Routine Fracturing Water Shut off Casing Repair Water Shut off Conversion to Injection  13. Describe Proposed or Completed Operations  Attached is a drawing of the placement of the cathodic ground bed, rectifier and cable for the subject well.  ACCEPTED FOR RECORD  14. I hereby certify that the foregoing is true and correct.  Signed Brandie Blakley Title Staff Regulatory Technician Date 7-/9-(0)  (This space for Federal or State Office use)  APPROVED BY   |  | <u>X</u>        | Other – Cathodic Protection                       |
| Casing Repair   Water Shut off   Conversion to Injection     Altering Casing   Conversion to Injection     Attached is a drawing of the placement of the cathodic ground bed, rectifier and cable for the subject well.     ACCEPTED FOR RECORD  |  |                 |   |
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| 14. I hereby certify that the foregoing is true and correct.    JUL 2   2010     FARMINGTEN FIELD OFFICE BY   Date 7-/9-/0   | 13. Describe Proposed of Completed Operations  |                 |   |
| 14. I hereby certify that the foregoing is true and correct.    JUL 2   2010     FARMINGTEN FIELD OFFICE BY   Date 7-/9-/0   | Attached is a drawing of the placement of the cathodic ground bed, rectifier and cab   | le for the      | e subject well.                                   |
| 14. I hereby certify that the foregoing is true and correct.    Signed   Brandie Blakley Title   Staff Regulatory Technician   Date 7-/9-/0  |  |                 | · ·   |
| Signed Brandie Blakley Title Staff Regulatory Technician Date 7-/9-()  (This space for Federal or State Office use)  APPROVED BY   | ACCEPTED   | ON NE           | COND  |
| Signed Brandie Blakley Title Staff Regulatory Technician Date 7-/9-()  (This space for Federal or State Office use)  APPROVED BY   | THE STATE OF THE S | 1 2010          | ו   |
| Signed Brandie Blakley Title Staff Regulatory Technician Date 7-/9-/0  (This space for Federal or State Office use)  APPROVED BY   | 14. I hereby certify that the foregoing is true and correct.   | . 1 2010        | , (   |
| (This space for Federal or State Office use)  APPROVED BY Title Date CONDITION OF APPROVAL, if any:  | FARMINGTON   | FIELD 9         | PFFICE  |
| (This space for Federal or State Office use)  APPROVED BY Title Date CONDITION OF APPROVAL, if any:  |  | es              | res   |
| (This space for Federal or State Office use)  APPROVED BY Title Date CONDITION OF APPROVAL, if any:  | Signed Signed Brandie Blakley Title Staff Regulator  | ry Tech         | nician Date 7-/9-/()                              |
| APPROVED BY Title Date CONDITION OF APPROVAL, if any:  |  |                 | ,   |
| APPROVED BY Title Date CONDITION OF APPROVAL, if any:  |  |                 |   |
| CONDITION OF APPROVAL, if any:   | ·  |                 | Data  |
|  |  |                 | Date  |
|  | Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of  |                 |   |

NMOCD



## Lively 25M

Section 29, T30N, R8W, N.M.P.M., San Juan County, NM



Drill ground bed approximately 108' South West of #25M wellhead at staked location. Install single well solar unit, and install cables to new ground bed and #25M wellhead at lengths below.

#25M Cables:

Negative: 93'

Positive: 25'

Total Ditch: 118'

By: Steven Gillette Date: 5/14/10