

RECEIVED

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

JUL 20 2010

Sundry Notices and Reports on Wells

Farmington Field Office
Bureau of Land Management

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

Surf: Unit K (NESW), 2594' FSL & 1868' FWL, Section 35, T30N, R10W, NMPM

5. Lease Number
NM-06738
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
8. Well Name & Number
Grenier A 8N
9. API Well No.
30-045-34990
10. Field and Pool
Basin DK/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	Type of Action		
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	<input checked="" type="checkbox"/> Other - Cathodic Protection
<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 of the placement of the cathodic ground bed, rectifier and cable for the subject well.

ACCEPTED FOR RECORD

JUL 21 2010

FARMINGTON FIELD OFFICE
BY Dee Mess

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

Signed Brandie Blakley Brandie Blakley Title Staff Regulatory Technician Date 7-19-10

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

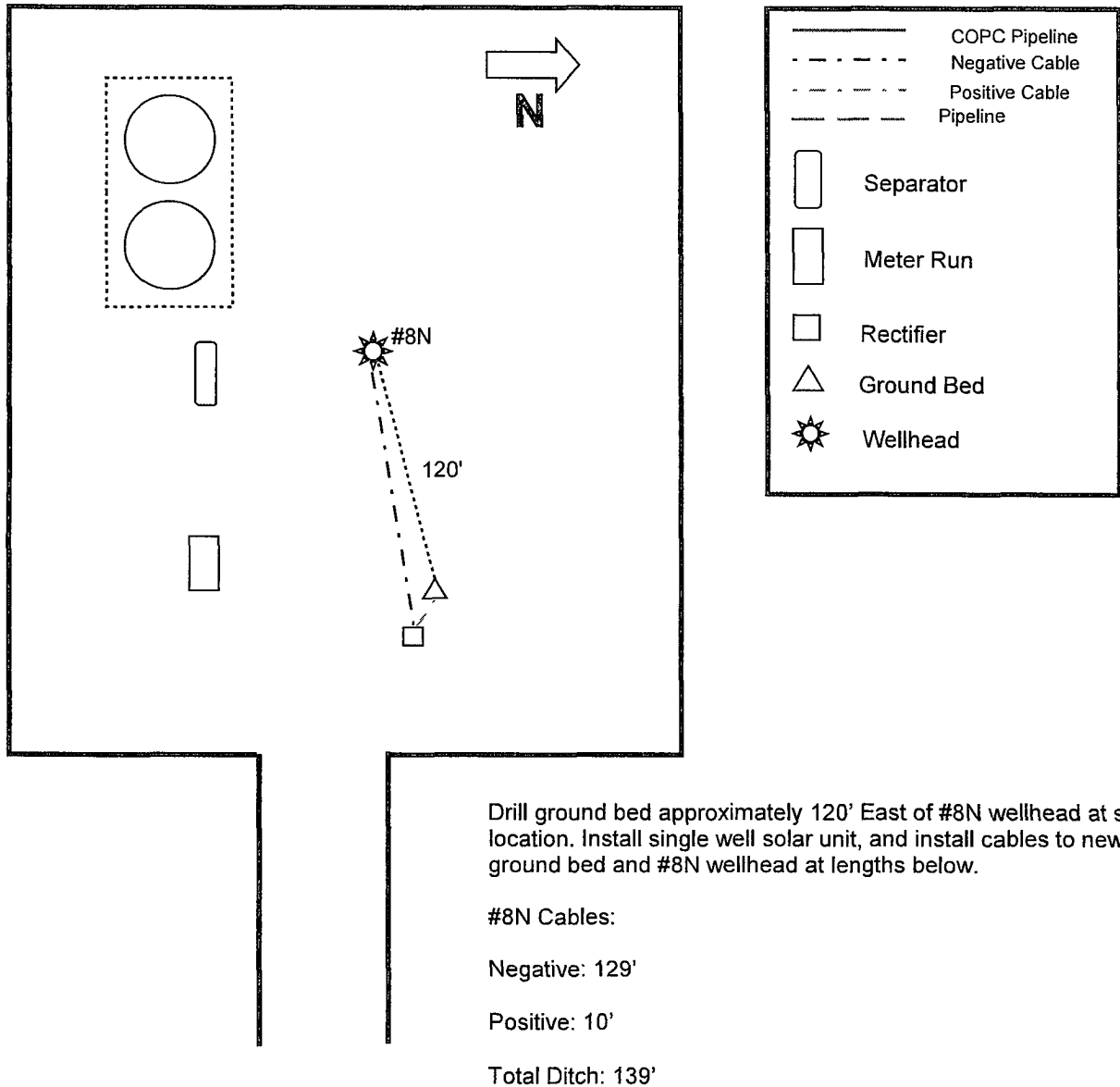
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD



Grenier A #8N

Section 35, T30N, R10W, N.M.P.M., San Juan County, NM



By: Steven Gillette
Date: 4/12/10