

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

1630' FNL, 1050' FWL, Sec. 31, T-25-N, R-1-W, NMPM

E

5. Lease Number
NM-42417

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Capulin Mesa #1

9. API Well No.
30-039-23056

10. Field and Pool
Gavilan Pict. Cliffs

11. County and State
Rio Arriba 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"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<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
	<input checked="" type="checkbox"/> Other - Casing integrity test	

13. Describe Proposed or Completed Operations

Please find attached the casing integrity test for the subject well. A 30 minute test was conducted 10-25-96. Pressure at beginning of the test was 490 psi. Pressure at the end of the was 438 psi.

RECEIVED
JAN 10 1997

OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title Regulatory Administrator Date 12/12/96

(This space for Federal or State Office use)
APPROVED BY [Signature] Title Chief, Lands and Mineral Resources

CONDITION OF APPROVAL, if any: _____ Date JAN 9 1997

