

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells 1: 116

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

1650' FSL, 720' FEL, Sec.10, T-28-N, R-10-W, NMPM

5. Lease Number
SF-080724-A

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Zachry #40

9. API Well No.
30-045-25469

10. Field and Pool
Blanco MV/Armenta Gallup

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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 -	

13. Describe Proposed or Completed Operations

It is intended to plug and abandon the subject well. A plug and abandonment procedure will be submitted by 01-15-01.



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

Signed [Signature] Title Regulatory Supervisor Date 10/25/00
TLW

(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 to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

10/25/2000

ARMED BY [Signature] OFFICE

NMOCD