UNITED STATES

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	Sundry Noti	ces and Reports on	Mells _ S	: 03	
				.5	
1. Type of Well GAS		6 10 17 18.	13 14 15 16 7	6.	If Indian, All. or Tribe Name
		O M	1A 2000	7.	Unit Agreement Name
2. Name of Operator BURLING RESOURCE	TON ES ou ,	GAS COMPANY DIS	DA ON ON		
		[c, 7		8.	_
3. Address & Phone : PO Box 4289, Fa		87499 (505) 326 (1)	Bo BC LZ SCLEE	9.	Grenier #8 API Well No. 30-045-10692
4. Location of Well, Footage, Sec., T, R, M 1100'FSL, 960'FWL, Sec.18, T-31-N, R-11-W, NMPM				10.	Field and Pool Aztec Pict'd Cliffs
				11.	County and State San Juan Co, NM
10 GURGE ADDRODDES	TE BOY TO THE	CICATE NATURE OF NOT	CR REPORT	ОТНЕВ	DATA
Type of Submissi		Type of		O 111111	21121
Notice o		Abandonment	Change	of Pl	ans
		Recompletion			
X Subseque	nt Report	Plugging Back Casing Repair		tine	Fracturing ff
Final Ab	andonment	Altering Casing X_ Other - Restim	g Convers		
13. Describe Prop	osed or Compl	leted Operations			
2-23-00 MTRI	ND WH. NU F	BOP. TOOH w/1" tbg.	SDON.		
2-24-00 TIH 26	w/csg scpr, (10'. PT csg t	CO to PBTD @ 2732'. to 500 psi, OK. SDON	TOOH w/csg sc		
N2	. Flow back v				snd, 510,180 SCF
		/pkr. Alternate blow	& flow well.		
2-27-00 Alte	rnate blow &	flow well. flow well. TIH w/83	ita 1 1/" 2 9	# .T_5	5 tha set @ 2684'
		RD. Rig released.	jus 1 / 2.5	# 0 3	s ebg, bee a loor.
	16. Whatha	foregoing is true a	nd correct		
14. I hereby cert	illy that the				
Signed LAGA	Call	Title Regulatory	Administrato	<u>r</u> Dat	TLW
(This space for Fed	leral or State	e Office use) Title	Da	ıte	TOFPTED FOR RECOF
	AL, if any:			_	1AD 1 > 2000
	along it a grime for a	my person knowingly and willfully attements or representations as to	to make to any depar any matter within it	tment or s jurisd:	agency of the IAP 1 3 2000
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