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

	tices and Reports on Wells		
		5.	Lease Number NM-01594
1. Type of Well GAS		6.	If Indian, All. or Tribe Name
		7.	Unit Agreement Name
2. Name of Operator			
BURLINGTON RESOURCES	& GAS COMPANY		
1 COST TO STATE OF THE STATE OF	& GAS COMPANI	8.	Well Name & Number
3. Address & Phone No. of Opera	ator		Kelly A #8R
PO Box 4289, Farmington, N	M 87499 (505) 326-9700	9.	<b>API Well No.</b> 30-045-29817
4. Location of Well, Footage, Sec., T, R, M 1185'FSL, 1845'FWL, Sec.15, T-31-N, R-10-W, NMPM		10.	Field and Pool
			Blanco Pict'd Cliff
		11.	County and State San Juan Co, NM
			buil buil do, iii
12. CHECK APPROPRIATE BOX TO I	NDICATE NATURE OF NOTICE, RE	PORT, OTHER	DATA
Type of Submission	Type of Action		
_X_ Notice of Intent		nange of Pl	
	Recompletion No.	ew Construc	tion
Subsequent Report		on-Routine	Fracturing
		ater Shut o	
		anversion c	o in lection
Final Abandonment	Altering Casing C	0111011011	
Final Abandonment	Altering Casing Co	0111011011	
	X_ Other -		
13. Describe Proposed or Com	X_ Other -		
13. Describe Proposed or Com	X_ Other -		
13. Describe Proposed or Com	X_ Other -		
13. Describe Proposed or Com	X_ Other -		
13. Describe Proposed or Com	X_ Other -		2.50
13. Describe Proposed or Com	X_ Other -		290 FT
13. Describe Proposed or Com	X_ Other -		070 1753 1
13. Describe Proposed or Com	X_ Other -		
13. Describe Proposed or Com	X_ Other -	500°0	
13. Describe Proposed or Com	X_ Other -	200	
13. Describe Proposed or Com	X_ Other -	and the state of t	
13. Describe Proposed or Com	X_ Other -	200	200 100 11 11 11 11 15 45
13. Describe Proposed or Com	X_ Other -	Sold Control of the c	
13. Describe Proposed or Com	X_ Other -	200 CON CONTROL OF THE PARTY OF	
13. Describe Proposed or Com  Please extend our applic	X_ Other -	and Control of the Co	
Please extend our applications of the proposed of Company and the	x_ Other - mpleted Operations ration for permit to drill.	200 CO	200 177 11 77 1: 45
Please extend our application of the state o	Title Regulatory Admini	strator Date	070   17   17   17   17   17   17   17
Please extend our application of the state o	Title Regulatory Admini	strator Date	070   771   771   772   773   773   774   775