

Submitted in lieu of Form 3160-5 (June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

Do not use this form for proposals to drill or to deepen or reentry  
to a different reservoir.

Use "APPLICATION FOR PERMIT" - for such proposals.

1. Type of Well:

Gas

2. Name of Operator:

Burlington Resources Inc.

3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499  
(505) 326-9700

4. Location of Well, Footage, Sec. T, R, U:

1900' FNL & 660' FWL  
S:03 T:031N R:012W E

2001 MAR 22 PM 3:15

FORM APPROVED

Budget Bureau No. 1004-013

Expires: March 31, 1993

5. Lease Number:

NMSF-077648

6. If Indian, allottee or Tribe Name

7. Unit Agreement Name:

8. Well Name and Number:

DECKER A

1B

9. API Well No.

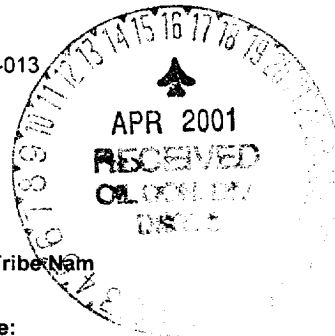
30045300330000

10. Field and Pool:

MV / BLANCO MESAVERDE (PRORATE)

11. County and State:

San Juan, New Mexico



12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Constructio
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut Off
<input checked="" type="checkbox"/> OTHER - Cathodic Protection	<input type="checkbox"/>	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

DRILL A 6" X 300' DEEP WELL GROUND BED AND LOAD WITH 8-15 2" X 60" ANODES BACKFILLED WITH 2500 LBS. LORESCO SWS COKE BREEZE. THIS GROUND BED WILL HAVE A MINIMUM OF 20' OF 8" PVC SURFACE CASING. ALL WORK TO BE PERFORMED ON LOCATION/PLROW'S AND/OR PREVIOUSLY DISTURBED GROUNDS. UGAC FROM DAVIS 11E, NEGATIVE CABLES TO DECKER A1 AND DECKER A4.

Expected work completion date: 4/27/2001  
(Attachments)

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

Signed Don Linthicum Title CP OPERATOR Date: 3/21/2001  
Don Linthicum Cathodic Protection Operators

(This Space for Federal or State Office Use)

APPROVED BY: [Signature] Title SPS Date 4/12/01

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.

ACCEPTED FOR RECORD

APR 12 2001

FARMINGTON DISTRICT OFFICE

NMCCO

# DECKER A 1B

San Juan, New Mexico

1900' FNL & 660' FWL S:03 T:031N R:012W E

