

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED

8  
1. Type of Well  
GAS

2004 MAR 22 PM 1:25

070 Farmington, NM

5. Lease Number  
NMSF-077111  
6. If Indian, All. or  
Tribe Name  
7. Unit Agreement Name

2. Name of Operator

**BURLINGTON**

RESOURCES OIL &amp; GAS COMPANY LP

3. Address &amp; Phone No. of Operator

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

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

869' FNL, 890' FWL, Sec.34, T-28-N, R-9-W, NMPM

8. Well Name & Number  
Lackey #9  
9. API Well No.  
30-045-21562  
10. Field and Pool  
Basin Fruitland Coal/  
Otero Chacra  
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 type="checkbox"/> Notice of Intent             | <input checked="" 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 type="checkbox"/> Other -                |  |

## 13. Describe Proposed or Completed Operations

1-29-04 MIRU. TIH to 1900'. Establish circ w/4 bbl wtr. Circ hole clean w/8 bbl wtr. Plug #1: pump 36 sx Type III cmt inside csg @ 1067-2216'. TOOH to 950'. Circ w/7 bbl wtr. Circ 2 bbl cmt to surface. TOOH. WOC. TIH, tag TOC @ 1016'. (BLM representative on location). TOOH. PT csg to 500 psi, failed. TIH, perf 3 sqz holes @ 260'. TOOH. Establish injection down csg & out bradenhead w/10 bbl wtr. Plug #2: pump 114 sx Type III cmt down csg & out bradenhead. Circ 5 bbl cmt to surface. WOC. SDON.

1-30-04 ND BOP. Cut off WH. Weld on dry hole marker. RD. Rig released.

Well plugged and abandoned 1-30-04.

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

Signed Nancy Oltmanns Title Senior Staff Specialist Date 3/19/04

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ **END RECORD**  
CONDITION OF APPROVAL, if any:

NMOCDD

ARMINGTON FIELD OFFICE  
Y Sum

