

RECEIVED

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SEP 06 2011

Sundry Notices and Reports on Wells

Farmington Field Office  
Bureau of Land Management

1. Type of Well  
GAS

2. Name of Operator  
**BURLINGTON**  
RESOURCES OIL & GAS COMPANY LP

3. Address & Phone No. of Operator

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

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

Surface: Unit M (SWSW), 860' FSL & 880' FWL, Section 36, T32N, R8W, NMPM

BH : Unit D (NWNW), 721' FNL & 1058' FWL, Section 1, T31N, R8W, NMPM

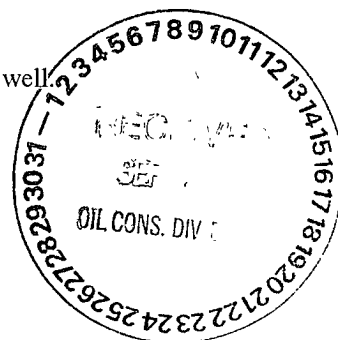
5. Lease Number  
NM-111921
6. If Indian, All. or  
Tribe Name
7. Unit Agreement Name  
Negro Canyon
8. Well Name & Number  
Negro Canyon 4M
9. API Well No.  
30-045-34643
10. Field and Pool  
Basin DK/Blanco MV
11. County and State  
San Juan, NM

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 type="checkbox"/> Abandonment     | <input type="checkbox"/> Change of Plans         | <input checked="" type="checkbox"/> Other | <input type="checkbox"/> Cathodic |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion    | <input type="checkbox"/> New Construction        |   |                                   |
| <input type="checkbox"/> Final Abandonment            | <input type="checkbox"/> Plugging        | <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 |   |                                   |

13. Describe Proposed or Completed Operations

Attached is a drawing for the placement of the cathodic ground, rectifier and cable for the subject well



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

Signed Denise Journey Denise Journey

Title: Staff Regulatory Technician

Date 9-6-11

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

ACCEPTED FOR RECORD

SEP 08 2011

FARMINGTON FIELD OFFICE  
BY mk

NMOC D W

# Negro Canyon 4M

Section 36, T32N, R8W, N.M.P.M., San Juan County, NM

