

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

Sundry Notices and Reports on Wells

DEC 08 2008

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**
Surf: Unit M (SWSW), 860' FSL & 880' FWL, Section 36, T32N, R8W, NMPM
BH: Unit D (NWNW), 710' FNL & 1065' FWL, Section 1, T31N, R8W, NMPM

5. **Lease Number**
NM-111921

6. **If Indian, All. or
Tribe Name**

7. **Unit Agreement Name**

8. **Well Name & Number**
Negro Canyon
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"/> 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

☒ Other - Spud Report **AMENDED**

REC'D DEC 12 08
OIL CONS. DIV.
DIST. 3

13. Describe Proposed or Completed Operations

Well spud date; 09/25/08 Placed conductor pipe in ground @ 15" wide and 6' deep.

ACCEPTED FOR RECORD

DEC 18 2008

FARMINGTON FIELD OFFICE
BY [Signature]

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

Signed [Signature] Kelly Jeffery Title Regulatory Technician Date 12/05/08

(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.

NMOCB