•		NT OF THE INT		N //T/\		
	Sundry Noti	ices and Repor	rts on Well:	\ <u> </u>		
		·	7E) PEC -3	M II: 58	5.	Lease Number
Type of Well GAS			070 Farmin	gten, NM	6.	NMSF-078001 If Indian, All. or Tribe Name
					7.	Unit Agreement Nam
Name of Operator BURLINGTO	<u>v</u>					
RESOURCES					8.	Huerfano Unit Well Name & Number
Address & Phone PO Box 4289, Fa	<del>-</del>		326-9700	•	9.	Huerfano Unit #218 API Well No. 30-045-26281
Location of Well			ATION (		10.	Field and Pool
860'FNL, 1470'FEI	L, Sec.29, Т-	-26-N, R-10-W	, NMPM		11.	Basin Dakota County and State San Juan Co, NM
Type of Submissi _X_ Notice o Subseque	<b>on</b> f Intent nt Report	Abandon Recompl Pluggin Casing	Type of Act ment etion g Back Repair	ion _ Change _ New Con _ Non-Rou _ Water S	of Pla struct tine F hut of	DATA ans tion Fracturing Ef
_X_ Notice o	<b>on</b> f Intent	Abandon Recompl Pluggin Casing	Type of Act ment etion g Back Repair g Casing	ion _ Change _ New Con _ Non-Rou _ Water S	of Pla struct tine F hut of	DATA ans tion Fracturing Ef
Type of Submissi _X_ Notice o Subseque	on f Intent nt Report andonment	Abandon Recompl Pluggin Casing Alterin X Other -	Type of Act ment etion g Back Repair g Casing	ion _ Change _ New Con _ Non-Rou _ Water S	of Pla struct tine F hut of	DATA ans tion Fracturing Ef
Type of Submissi _X_ Notice o Subseque Final Ab  Describe Prop The subject w	on f Intent nt Report andonment  osed or Compleell is being	Abandon Recomple Pluggin Casing Alterin X Other -	Type of Act ment etion g Back Repair g Casing ons r a Fruitla	ion _ Change _ New Con _ Non-Rou _ Water S _ Convers	of Plastruct tine I hut of ion to	DATA ans tion Fracturing Ef
Type of Submissi _X_ Notice o Subseque Final Ab  Describe Prop The subject w	on f Intent nt Report andonment  osed or Compleell is being	Abandon Recomple Pluggin Casing Alterine X Other -	Type of Act ment etion g Back Repair g Casing ons r a Fruitla	ion _ Change _ New Con _ Non-Rou _ Water S _ Convers	of Plastruct tine I hut of ion to	DATA  ans tion Fracturing  ff D Injection
Type of Submissi _X_ Notice o Subseque Final Ab  Describe Prop The subject w	on f Intent nt Report andonment  osed or Compleell is being	Abandon Recomple Pluggin Casing Alterine X Other -	Type of Act ment etion g Back Repair g Casing ons r a Fruitla	ion _ Change _ New Con _ Non-Rou _ Water S _ Convers	of Plastruct tine I hut of ion to	DATA  ans tion Fracturing  ff D Injection
Type of Submissi _X_ Notice o Subseque Final Ab  Describe Prop The subject w	on f Intent nt Report andonment  osed or Compleell is being	Abandon Recomple Pluggin Casing Alterine X Other -	Type of Act ment etion g Back Repair g Casing ons r a Fruitla	ion _ Change _ New Con _ Non-Rou _ Water S _ Convers	of Plastruct tine I hut of ion to	DATA  ans tion Fracturing  ff D Injection
Type of Submissi _X_ Notice o Subseque Final Ab  Describe Prop The subject w	on f Intent nt Report andonment  osed or Compleell is being	Abandon Recomple Pluggin Casing Alterine X Other -	Type of Act ment etion g Back Repair g Casing ons r a Fruitla	ion _ Change _ New Con _ Non-Rou _ Water S _ Convers	of Plastruct tine I hut of ion to	DATA  ans tion Fracturing  ff D Injection
Type of Submissi _X_ Notice o Subseque Final Ab  Describe Prop  The subject w	on f Intent nt Report andonment  osed or Compleell is being	Abandon Recomple Pluggin Casing Alterine X Other -	Type of Act ment etion g Back Repair g Casing ons r a Fruitla	ion _ Change _ New Con _ Non-Rou _ Water S _ Convers	of Plastruct tine I hut of ion to	DATA  ans tion Fracturing  ff D Injection

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

Signed York Ottoon Title Senior Staff Specialist \_\_\_\_ Date 12/1/03\_\_\_

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date ACCEPTED FOR RECOR

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 DEC 0 5 2003