

RECEIVED

SEP 03 2009

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Bureau of Land Management
Farmington Field Office

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator Burlington Resources Oil & Gas, LP</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M Unit A (NENE) 765' FNL & 665' FEL, Sec. 14, T25N, R9W, NMPM</p>	<p>5. Lease Number NMNM-03016</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name Huerfano Unit</p> <p>8. Well Name & Number Huerfano Unit #320</p> <p>9. API Well No. 30-045-34563</p> <p>10. Field and Pool Basin Dakota</p> <p>11. County and State San Juan, NM</p>
--	--

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 Protection	
<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 of the placement and cathodic ground, rectifier and cable for the subject well.

RCVD OCT 15 '09

OIL CONS. DIV.

DIST. 3

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

Signed Patsy Clugston Title Sr. Regulatory Specialist Date 9/2/09

(This space for Federal or State Office use)

APPROVED BY Mark Kelly Title EPS Date 10/5/09

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.

NMOCD

BD

