

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill, deepen or reentry to a different reservoir
Use 'APPLICATION FOR PERMIT' for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well: oil well gas well **X** other
2. Name of Operator: **Burlington Resources**
3. Address of Operator: **3535 East 30th Street Farmington, NM 87402-8801**
4. Location of Well: (Footage, Sec., T., R., M., or Survey Description)

Quad. A Sec. 4 T 25 N R 6 W

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

5. Lease Designation and Serial No.
SF-078883

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agmt. Design.:
Canyon Largo

8. Well Name and No.:
Canyon Largo Unit # 169

9. API Well No.:
30-039-20532

10. Field & Pool/Exploratory Area:
S. Blanco Pictured Cliffs

11. County or Parish, State:
Rio Arriba, New Mexico

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input checked="" type="checkbox"/> Final Abandonment Notice	<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: (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well has been plugged and abandoned. The location was recontoured and reseeded utilizing BLM seed mix #1 in August of 1999.

RECEIVED
OCT 16 1999
OIL CON
DIST

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

Signed: Chuck Smith **Chuck Smith** Title: **Construction Supervisor** Date: 9/2/99

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: