		•		
submi	tted in lieu of Form 3160-5			/
	UNITED STA			
r	DEPARTMENT OF THE BUREAU OF LAND	E INTERIOR	erana ya makazari basa	arter description and production and the contract of the con-
	BUREAU OF LAND	PHAGMENT		,
	Sundry Notices and	Reports on Wells		
			5.	Lease Number
			٠.	NM-42417
ገ ጥ ኒ	pe of Well		6.	If Indian, All. or
1. 1	GAS .			Tribe Name
	•			Marie Name and Marie
			7.	Unit Agreement Name
2. Na	me of Operator			
Į	BURLINGTON			
I	RESOURCES OIL & GAS O	OMPANY	Ω	Well Name & Number
	A Diameter		0.	Capulin Mesa #2
ქ. AC	dress & Phone No. of Operator O Box 4289, Farmington, NM 87499	(505) 326-9700	9.	API Well No.
	O BOX 4203, Talmington, in 0,133			30-039-23049
4. Lo	cation of Well, Footage, Sec., T,	R, M	10.	Field and Pool
80	0'FSL, 1650'FWL, Sec.31, T-25-N,	R-1-W, NMPM	11	Gavilan Pict.Cliffs County and State
	N		11.	Rio Arriba Co, NM
12. 0	CHECK APPROPRIATE BOX TO INDICATE	NATURE OF NOTICE, REP	PORT, OTHER	DATA
Ty	rpe of Submission	Type of Action	ange of Pla	ane
	Notice of Intent A	bandonment Checompletion Ne	ew Construct	ion
	X Subsequent Report P	lugging Back No	on-Routine I	Fracturing
		asing Kepair	ACCE DIREC O.	
	Final Abandonment A	ltering Casing Co	onversion to	o Injection
	x 0	ther - Casing integra	LLY Lest	
13.	Describe Proposed or Completed O	perations		
			1	20
	Please find attached the casing was conducted 10-25-96.	integrity test for the	ne subject to	well. A 30 minute test + was 500 psi Pressure
	at the end of the was 220	Pressure at beginning Nonsi.	Of the tes	
	at the that of the mas 15	, ,		
			for its	
			DIE	
			JAN	1 0 1000
			C Secretaria	ORL DUY
			OUL P	(6.50 ×
				LUL DIW
			الع)	INT, 3 THEO

14. I hereby certify that the foregoing is true and	correct.
Signed May Machued Title Regulatory Ada	
(This space for Federal of State Office use) Chief, Lands APPROVED BY Title	Date
CONDITION OF APPROVAL, if any:	
and the second of the second of the second	uil cosine

Submit Sundry outlining planger repair of the well casing.

