UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| | Sundry Not. | ces and Reports of | n Wells | 1.3 |
|----------------------------|--|---------------------------------------|---|--|
| | | | <u> </u> | 5. Lease Number |
| 1. Type of Well GAS | | | C | SF-078885 6. If Indian, All. or Tribe Name |
| | | | | 7. Unit Agreement Name |
| 2. Name of Opera | itor | | | |
| BURLII RESOU | 137 'I 'C' | | | |
| RESCU | CLS OIL | & GAS COMPANY | | Canyon Largo Unit 8. Well Name & Number |
| 3. Address & Pho | one No. of Opera | tor | | Canyon Largo U #287 |
| | | 87499 (505) 326- | -9700 | 9. API Well No. |
| | | | | 30-039-25550 |
| 4. Location of V | Well, Footage, S | ec., T, R, M -25-N, R-6-W, NMP1 | И | 10. Field and Pool Blanco MV/Basin DK |
| (E) | 13 1111, 600.3, 1 | 25 117 11 0 117 111111 | • | 11. County and State |
| 6 | | | | Rio Arriba Co, NM |
| 12 CHECK APPRO | PRIATE BOX TO IN | DICATE NATURE OF 1 | NOTICE, REPORT, C | OTHER DATA |
| Type of Subm | | | of Action | |
| | ce of Intent | Abandonment | | |
| V Subs | equent Report | Recompletion Plugging Ba | n New Cons | struction tine Fracturing |
| _X_ Subs | squent Report | Casing Repa | ir Water Sh | nut off |
| Fina | l Abandonment | Altering Ca | sing Conversi | ion to Injection |
| | | X_ Other - Tub | ing repair | |
| 13. Describe | Proposed or Comp | leted Operations | | |
| 12-6-00 12-7-00 | TOOH w/rest of | tbg. TIH w/4 ¾" b | it to 7440'. Esta | /160 jts tbg. SDON. ablish circ. Circ clean |
| 12-8-00 | TIH, establish Pump scale inh | circ. Circ out ac | id. TOOH w/bit. | kota perfs. TOOH. SDON. IIH w/pkr, set @ 7032'. rfs. Release pkr. SD for |
| 12-11-00 | weekend. TOCH w/pkr. TIH (SN @ 7256'). | w/233 jts 2 3/8" ND BOP. NU WH. RD | 4.7# J-55 EUE t Rig released. | bg, landed @ 7289'. |
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| | | | i de la companya de La companya de la co | S. 1997 |
| | | | | • |
| 14. /I hereky | certify that the | foregoing is tru | e and correct. | |
| Signed M | gy Cale | | ory Supervisor | Date 12/12/00 |
| | Federal or Sta | te Office use) Title | n ₂ | ate |
| | PROVAL, if any: | | | ee n enna |