

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <p>2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY</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 900' FNL, 1550' FWL, Sec.33, T-25-N, R-7-W, NMPM</p>	<p>5. Lease Number SF-078876</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Canyon Largo Unit Well Name & Number Canyon Largo U #290</p> <p>9. API Well No. 30-039-21376</p> <p>10. Field and Pool Ballard Pict. Cliffs</p> <p>11. County and State Rio Arriba Co, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment <input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<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 checked="" type="checkbox"/> Other - Install coiled tubing

13. Describe Proposed or Completed Operations

It is intended to install coiled tubing in the subject well. Work will be completed by 5-31-01.



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

Signed *Samuel Cole* (JM3) Title Regulatory Supervisor Date 2/26/01
no

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date 3/1/01

CONDITION OF APPROVAL, if any: