

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## Sundry Notices and Reports on Wells

1. Type of Well  
GAS

2. Name of Operator

**BURLINGTON  
RESOURCES**

OIL & GAS COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

1650' FNL, 990' FWL, Sec. 6, T-27-N, R-9-W, NMPM

5. Lease Number  
SF-077874

6. If Indian, All. or  
Tribe Name

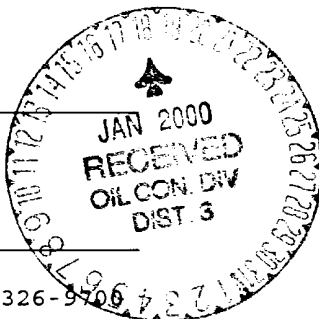
7. Unit Agreement Name

8. Well Name & Number  
Hanks #2

9. API Well No.  
30-045-06878

10. Field and Pool  
Fulcher Kutz PC

11. County and State  
San Juan Co, NM



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 - Restimulation	

13. Describe Proposed or Completed Operations

1. MOL and pull 1" tubing.
2. Clean out to PBTD and pressure test casing.
3. Acidize and foam fracture treat PC zone.
4. Clean out wellbore.
5. Return well to production (tubingless completion).

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

Signed Deanna Cole Title Regulatory Administrator Date 12/28/99  
trc

(This space for Federal or State Office use)

APPROVED BY Chip Hansen Title Acting Team Lead Date 1/13/00  
CONDITION OF APPROVAL, if any:

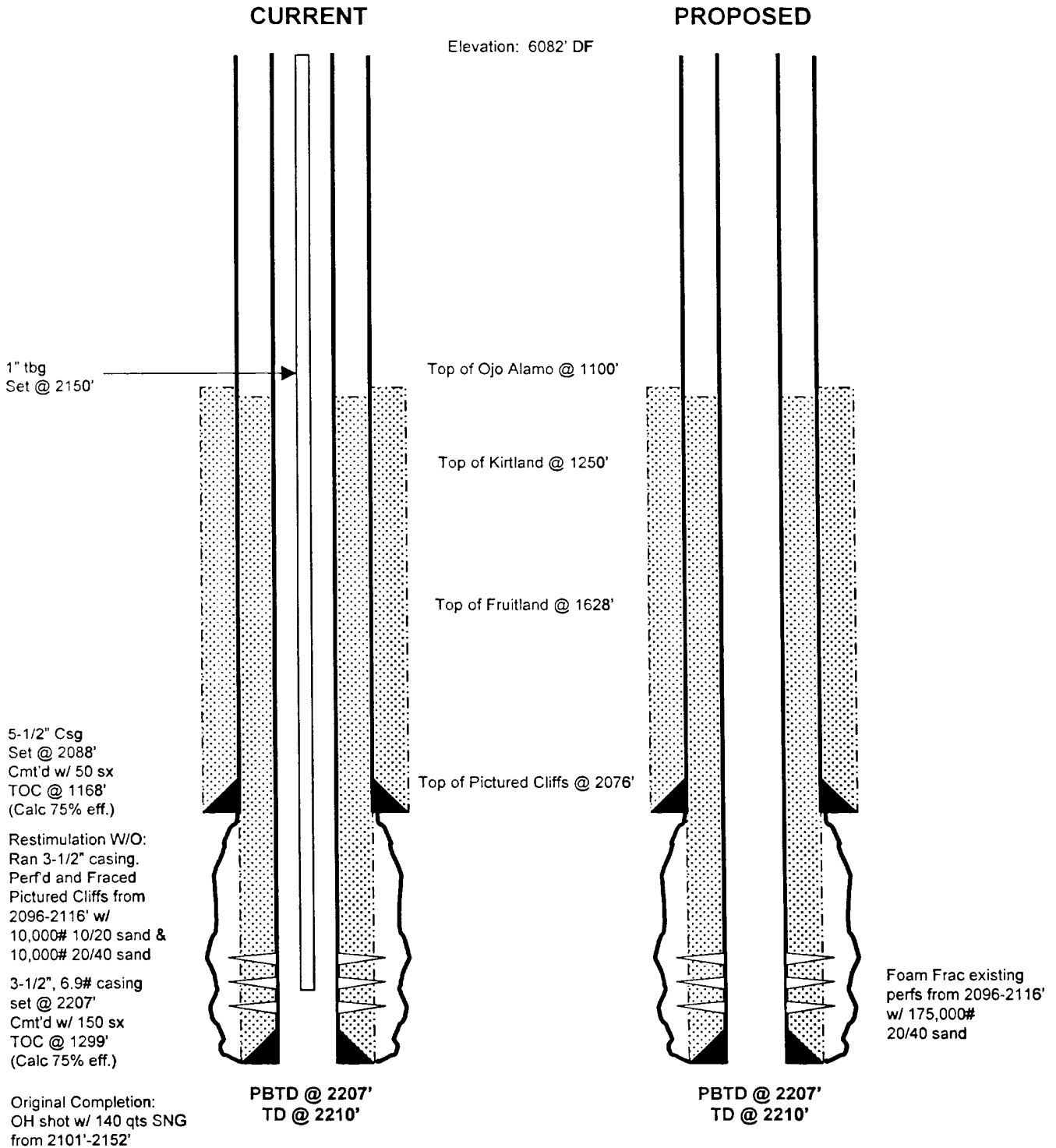
NM000



## Hanks #2

Spud Date: 6/14/49  
W/O Date: 4/1/66

### Section 16E, T-27-N, R-9-W San Juan, New Mexico Fulcher Kutz PC Field Wellbore Schematic



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