

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

- |   |   |
|---|---|
| <p>1. Type of Well<br/>GAS</p> <hr/> <p>2. Name of Operator<br/><b>BURLINGTON<br/>RESOURCES</b> OIL &amp; GAS COMPANY</p> <hr/> <p>3. Address &amp; Phone No. of Operator<br/>PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M<br/>1830' FSL, 1980' FEL, Sec. 6, T-27-N, R-9-W, NMPM</p> | <p>5. Lease Number<br/>SF-077874</p> <p>6. If Indian, All. or<br/>Tribe Name</p> <p>7. Unit Agreement Name</p><br><br><p>8. Well Name &amp; Number<br/>Hanks #20</p> <p>9. API Well No.<br/>30-045-11731</p> <p>10. Field and Pool<br/>So Blanco Pict. Cliffs</p> <p>11. County and State<br/>San Juan Co, NM</p> |
|---|---|

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 checked="" 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 -                  |  |

13. Describe Proposed or Completed Operations

It is intended to repair the casing leaks in the subject well by locating the leaks. The well will then be cemented and cement will be circulated to surface. The casing will then be pressure tested.

(Verbal approval to repair from Wayne Townsend, BLM on 5-18-98)

**RECEIVED**  
MAY 22 1998

OIL CON. DIV.  
BUREAU OF LAND MANAGEMENT

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

Signed *Wayne Townsend* Title Regulatory Administrator Date 5/18/98  
no

(This space for Federal or State Office use)

APPROVED BY *Wayne Townsend* Title \_\_\_\_\_ Date MAY 20 1998  
CONDITION OF APPROVAL, if any:

NMOCD

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