

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

1070' FNL, 1030' FEL, Sec. 28, T-28-N, R-8-W, NMPM

5. Lease Number  
NM-013861

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Grambling A #9

9. API Well No.  
30-045-21044

10. Field and Pool  
So. Blanco Pict. Cliffs

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 - |  |

13. Describe Proposed or Completed Operations

It is intended to workover the subject well. A detailed procedure will be submitted by September 15, 2000.

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

Signed Nancy Olthmans for (TF3) Title Regulatory Supervisor Date 7/25/00  
no \_\_\_\_\_

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

FOR RECORD