

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Well 18
99 SEP 28 PM 1:15

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

1450' FSL, 900' FEL, Sec. 19, T-31-N, R-8-W, NMPM

I

070 FARMINGTON, NM 5.

RECEIVED
OCT - 4 1999

OIL COAL DIV
BURL 3

Lease Number
SF-078511

If Indian, All. or
Tribe Name

Unit Agreement Name

8. Well Name & Number

Quinn POW #2

9. API Well No.

30-045-26820

10. Field and Pool

Basin Fruitland Coal

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

☒ Notice of Intent

☐ Abandonment

☐ Change of Plans

☐ Subsequent Report

☐ Recompletion

☐ New Construction

☐ Final Abandonment

☐ Plugging Back

☐ Non-Routine Fracturing

☐ Casing Repair

☐ Water Shut off

☐ Altering Casing

☐ Conversion to Injection

☒ Other -

13. Describe Proposed or Completed Operations

It is intended to maintain the subject well as a pressure observation well.

10-6-99
Money
our record show well name as G.U. NN #10
ATTACH C104 DOES NOT indicate a name change.

THIS APPROVAL EXPIRES OCT 01 2004

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

Signed Nancy Olthoff Title Regulatory Administrator Date 9/27/99

TRC

(This space for Federal or State Office use)

APPROVED BY M. L. L. Title A. T. L. Date 9/30/99

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD

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<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
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APPROVED BY WAYNE TOWNSEND Title A.T.L. Date 9/30/99

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