

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
1550' FNL, 1800' FWL, Sec. 35, T-30-N, R-8-W, NMPM</p> | <p>5. Lease Number
SF-078385A</p> <p>6. If Indian, All. or
Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number
Howell L #303</p> <p>9. API Well No.
30-045-26871</p> <p>10. Field and Pool
Basin Fruitland Coal</p> <p>11. County and State
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 checked="" 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 type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

Please cancel the intent to recavitate the subject well approved 10-5-95.

RECEIVED
AUG 13 1997

OIL CON. DIV.
DIST. 3

RECEIVED
BLM
97 JUL -9 PM 1:29
070 FARMINGTON, NM

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

Signed *Regina Bradfield* (DMFTC) Title Regulatory Administrator Date 7/8/97

(This space for Federal or State Office use)

APPROVED BY *ML* Title RL Eng. Date 8-11-97

CONDITION OF APPROVAL, if any:

NMOC