

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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|--|---|
| <p>1. Type of Well<br/>GAS</p> <hr/> <p>2. Name of Operator<br/><b>BURLINGTON<br/>RESOURCES</b></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/>1010' FNL, 1825' FEL, Sec. <sup>B</sup>12, T-31-N, R-9-W</p> | <p>5. Lease Number<br/>SF-078508</p> <p>6. If Indian, All. or<br/>Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name &amp; Number<br/>Nordhaus #714</p> <p>9. API Well No.<br/>30-045-27704</p> <p>10. Field and Pool<br/>Basin Fruitland Coal</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 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 -workover |  |

13. Describe Proposed or Completed Operations

It is intended to workover the subject well in the following manner:

Pull the tubing. Pull the 5-1/2" liner. Cavitare the Fruitland Coal formation utilizing natural air and assisted surges until the well stabilizes. Clean the well to total depth and run a 5-1/2" casing liner. The liner will be pre-perforated 4 SPF across the coal intervals. Re-run the production tubing. The well will then be returned to production.

RECEIVED  
BUREAU OF LAND MANAGEMENT  
JAN 13 1998

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

Signed *James J. Shannon* (DWSFTC) Title Regulatory Admin. Date 1/13/98

(This space for Federal or State Office use)

APPROVED BY /s/ Duane W. Spencer Title \_\_\_\_\_ Date JAN 22 1998

CONDITION OF APPROVAL, if any: