

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

1825' FSL, 835' FWL, Sec. 20, T-31-N, R-8-W, NMMPM

5. Lease Number

SF-078511

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Quinn #339

9. API Well No.

30-045-28094

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

<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 in order to install downhole equipment that will allow for continued surging operations. A packer, test valve and 2 3/8" tubing will be run and set near the shoe of the 4 1/2" casing. Surface equipment will be set to facilitate surging operations. The byproducts of the operation will be contained in a temperature vented production tank.

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

Signed *Gregory Cole* Title Regulatory Administrator Date 11/19/99
trc

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date 12/1/99

CONDITION OF APPROVAL, if any:

ahse

NMOCD