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ubrittad in lieu of Form 3160-5	•	
UNITED STATES		
DEPARTMENT OF THE INTERIOR		
BUREAU OF LAND MANAGEMENT		
Sundry Notices and Reports on Wells		
	5.	Lease Number
GAS	6.	SF-080376 If Indian, All. or Tribe Name
	7.	Unit Agreement Nam
. Name of Operator		
BURLINGTON RESOURCES OIL 5 CAS COMPANY		
RESOURCES OIL & GAS COMPANY		San Juan 32-9 Unit
	8.	Well Name & Number
Address & Phone No. of Operator		San Juan 32-9 U #1
PO 30x 4289, Farmington, NM 87499 (505) 326-9700	9.	API Well No.
		30-045-28987
Location of Well, Footage, Sec., T, R, M	10.	Field and Pool
3.450.47W 0.00.47W 0.00 M. 00 W. D. 0.44 D. 0.44		Basin Dakota
1450'FNL, 990'FWL, Sec.9, T-31-N, R-9-W, NMPM		•
1450'FNL, 990'FWL, Sec.9, T-31-N, R-9-W, NMPM $\hat{\mathcal{E}}$	11.	County and State
$\mathcal E$ 2. CHEJK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPType of Submission Type of Action	PORT, OTHER	San Juan Co, NM DATA
2. CHE CK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPTYPE of Submission Type of Action  Notice of Intent Abandonment Cheme Recompletion New Subsequent Report Plugging Back No Casing Repair Wa	PORT, OTHER  nange of Pla  ew Construct  on-Routine F  ater Shut of	DATA  Instituting  Tracturing
2. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPTORM Type of Action  _	PORT, OTHER  nange of Pla  ew Construct  on-Routine F  ater Shut of	DATA  Instituting  Tracturing
22. CHE CK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPType of Submission Type of Action  Notice of Intent Abandonment ChRecompletion NeSubsequent Report Plugging Back Notice Casing Repair Wafinal Abandonment Altering Casing Co.	PORT, OTHER  nange of Pla  ew Construct  on-Routine F  ater Shut of	DATA  Instituting  Tracturing
22. CHE CK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REP  Type of Submission Type of Action  _	eort, other nange of Pla ew Construct on-Routine F ater Shut of onversion to	DATA  ans cion Fracturing of Injection
22. CHE TK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REP  Type of Submission Type of Action  _	eort, other nange of Pla ew Construct on-Routine F ater Shut of onversion to	DATA  ans cion Fracturing of Injection
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2. CHE JK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REP Type of Submission Type of Action  Abandonment Ch Recompletion Ne Subsequent Report Plugging Back No Casing Repair Wa Final Abandonment Altering Casing Co. X Other -  3. Describe Proposed or Completed Operations  Please extend the shut-in of the subject well. It has evaluated for workover.	PORT, OTHER  mange of Pla  ew Construct  on-Routine F  ater Shut of  onversion to	DATA  ans cion Fracturing of Injection
2. CHE IX APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REP Type of Submission Type of Action  Abandonment Ch Recompletion Ne Subsequent Report Plugging Back No Casing Repair Wa Final Abandonment Altering Casing Co. X Other -  3. Describe Proposed or Completed Operations  Please extend the shut-in of the subject well. It has evaluated for workover.	PORT, OTHER  mange of Pla  ew Construct  on-Routine F  ater Shut of  onversion to	DATA  ans cion Fracturing of Injection
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14. I hereby certify that the foregoing is true and correct.

Signed true and correct.

(PMBDK) Title Regulatory Administrator Date 5/28/97

(This space for Federal or Wt. pencerice use)

APPROVE) BY Title Date MM - 3 1007

CONDITION OF APPROVAL, if any: