

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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
1795' FSL, 805' FEL, Sec. 34, T-30-N, R-10-W, NMPM

- 5. Lease Number
NM-06738
- 6. If Indian, All. or Tribe Name
- 7. Unit Agreement Name
- 8. Well Name & Number
Sanchez #3B
- 9. API Well No.
30-045-
- 10. Field and Pool
Blanco Mesaverde/
Otero Chacra
- 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 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 checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

The Chacra formation has been added to the subject well. The Mesaverde and Chacra formations will be commingled. Attached is the revised C-102 plat.

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

Signed *Regina Cole* Title Regulatory Supervisor Date 11/21/00

TLW

(This space for Federal or State Office use)
APPROVED BY *[Signature]* Title _____ Date FEB 28

CONDITION OF APPROVAL, if any:

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

NMOCU

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