

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

PROJECT NUMBER: 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER Injection		2. LEASE DESIGNATION AND SERIAL NO. 14-20-604-1951	
2. NAME OF OPERATOR ARCO Oil & Gas Company, Division of Atlantic Richfield Co.		3. OF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain	
3. ADDRESS OF OPERATOR 1816 E. Mojave, Farmington, New Mexico 87401		4. UNIT ASSIGNMENT NAME Horseshoe Gallup Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit C 635' FNL, 3245' FEL		5. FARM OR LEASE NAME Horseshoe Gallup Unit	
14. PERMIT NO.		6. WELL NO. 147	
15. ELEVATIONS (Show whether 50, 10, 20, etc.) 5750' GL		7. FIELD AND POOL, OR WILDCAT Horseshoe Gallup	
		8. SEC. T., R., M., OR BLM. AND SURVEY OR AREA Sec. 28, T-31N, R-16W	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDISE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input checked="" type="checkbox"/>
SHOOTING OR ACIDISING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well was plugged 11/5/84 - 11/8/84 as follows:

Plug	Interval	Cement	
1	1560'-1659'	35 sx	Spot plug to cover Gallup perms.
2	590'-690'	30 sx	Squeezed 2 perforations at 690' to isolate the estimated TOC and the surface casing shoe.
3	0'-150'	30 sx	Squeezed 2 perforations @ 150'. Circulated.

Welded a steel plate over the top and installed a dry hole marker.

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

SIGNED John J. Brune TITLE Production Supervisor DATE 11/18/87

(This space for Federal or State office use)

APPROVED BY L. Mark H. De TITLE ACTING AREA MANAGER DATE NOV 24 1987

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

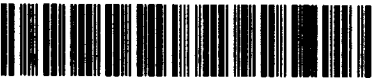
HORSESHOE GALLUP UT 148

B 28 31N 16W

30-045-10441

660/N 1980/E

N



District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-104B
March 19, 2001

Submit 1 copy of the final affected
wells list along with 1 copy of this form
per number of wells on that list to
appropriate District Office

Change of Operator Name

OGRID: 14538
Effective Date: January 1, 2001

Previous Operator Name and Information:

Name: Burlington Resources Oil & Gas Co.
Address: 3401 East 30th Street
Address: PO Box 4289
City, State, Zip: Farmington, New Mexico 87499

New Operator Name and Information:

Name: Burlington Resources Oil & Gas Co. L.
Address: 3401 East 30th Street
Address: PO Box 4289
City, State, Zip: Farmington, New Mexico 87499

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

Signature: 

Printed
name: John F. Zent

Title: General Manager/Compliance

Date: 10-1-01 Phone: (505) 326-9700

NMOCD Approval

Signature: _____

Printed Name: _____

District: _____

Date: _____