

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

1460' FNL 790' FEL, Sec.25, T-32-N, R-7-W, NMPM

5. Lease Number

NM-01745

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

Allison Unit

8. Well Name & Number

Allison Unit #132

9. API Well No.

30-045-27159

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 install a pump in the subject well in the following manner:

ND WH. NU BOP. Pull the existing tubing. Clean out to plug back total depth. Rerun tubing configured for downhole pump. Run 3/4" rods and pump. Return well to production.

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

Signed [Signature] (LJB) Title Regulatory Administrator Date 2/16/99
TLW

(This space for Federal or State Office use)

APPROVED BY /s/ Duane W. Spencer Title Team Lead, Petroleum Management Date FEB 17 1999

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.

NMOCD