Form 3160-5 (November 1994)

TED STATES DEPARTMENT OF THE INTERIOR

W
C. Cox
118.114

FORM APPROVED FORM APPROVED
Budget Bureau No. 1004-0135

	1 OF THE INTE.	RIOR		Expires November 30, 2000
BUREAU OF L	AND MANAGE	MENT 'S. MA	241 5. 1	Lease Serial No.
SUNDRY NOTICES /	AND REPORTS	ON WELLS		26692
Do not use this form for p abandoned well. Use Form	roposals to drill o	r to re-enter an	6. 1	f Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE -	Other instructions	on reverse side	7. H	f Unit of C. J Agreement, Name and/or No.
1. Type of Well X Oil Well Gas Well Other 2. Name of Operator BURLINGTON RESOURCES OIL & GAS CO.			HUBE FEDE	Well Name and No. ER 17 #2 ERAL API Well No.
3a. Address		3b. Phone No. (include area co)25-29659
P.O. Box 51810 Midland, TX 79710-1	1810	915-688-6906	30-1	Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description		1920 000 000	10.	Field and Foot, of Exploratory Area
1980' FSL & 1980' FWL SECTION 17, T18S, R20E			.	County or Parish, State
33			LEA	COUNTY N. M.
12. CHECK APPROPRIA	ATE BOX(ES) TO I	INDICATE NATURE OF NOT		
TYPE OF SUBMISSION		TYPE	OF ACTION	
Notice of Intent	Acidize	Deepen Fracture Treat	Production (Start/	(Resume) Water Shut-Off Well Integrity
X Subsequent Report	Alter Casing Casing Repair	New Construction	Recomplete	X Other REQUEST
Final Abandonment Notice	Change Plans	Plug and Abandon	X Temporarily Aban	extension of TA
	Convert to Injec	tion Plug Back	Water Disposal	STATUS
In the proposed or Coommpleted Operation (clearly if the proposal is to deepen directionally or recompleted. He bond under which the work will be perfollowing completion of the involved operations. It testing has been completed. Final Abandonment No determined that the final site is ready for final inspection. THIS IS IN REPLY TO NOTICE OF INC INSPECTION OFFICE. THIS WELL WAS TA'S ON 1-16-98 BY INTEGRITY TEST WAS RUN AT THAT TI RUN ON 1-16-98 WAS PREVI9OU7SLY S WE ARE REQUESTING AN EXTENSION OF DELAWARE WATERFLOOD UNIT IN THE NONLY MAKING 3 BOPD PRIOR TO BEING	ete horizontally, give sormed or provide the operation results in stices shall be filed on a stice of the operation of the op	Bond No. on file with BLM/B Bond No. on file with BLM/B a multiple completion or recording after all requirements, including after all requirements, including AT 5050' WITH 35' COMMENTED BY AND CORTEZ W/S ATTACHED. THIS WELL IS BEINTHIS WELL IS BEINTHIS WELL IS UNECONOMERON	IA. Required subseque inpletion in a new interding reclamation, have been made in the interding reclamation in a new interding reclamation, have been made in the interding reclamation in the	pths of all pertunent markers and zones. Int reports shall be filed within 30 days val, a Form 3160-4 shall be filed once been completed, and the operator has L WITH/BLM HOBBS P. A MECHANICAL CE. COPY OF MIT CHART UTILIZED IN OUR CORBIN
		Y THE	- X-2-	
 I hereby certify that the foregoing is true and correct Name (Printed/Typed) 		Title		
MARIA L. PEREZ		REGULAT	ORY TECH	
Maria L. Pera		Date 8-30-99		

THIS SPACE FOR FEDERAL OR STATE OFFICE USE Onothers of approval, if any, are attached. Approval of this notice does not warrant of charify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. SGD Title (อหเจิ

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.

OPERATOR COPY

Form 3160-9 (December 1989)

	Page of
	Identification
IID	NMNM26692*JMH
Lease	NMNM26692
CA	
Unit	

Number <u>AJM-158-99</u>

	UNITE	D STATE	S					
Certified Mail - Return	DEPARTMENT OF THE INTERIOR				1110	Identification IID NMNM26692*JMH		
Receipt Requested Z 577 000 837	BUREAU OF LAND MANAGEMENT				Lease NMNM26692			
Hand Delivered Received					CA			
by Name Delivered Received	NOTICE OF INCIDENT	FS OF NO	NCOMPI	IANCI				
					PA			
Bureau of Land Management Office		Operator						
HOBBS INSPI	ECTION OFFICE	_	BURLINGT			O & G C	0	
	ST TAYLOR	Address		P. O. BOX		040		
	NM 88240	Attention	MIDL	AND TX	79710-1	810		
Telephone 505 3	93.3612	Attention	Б	ONNA WI	HAMS			
Inspector	33.3012	Attn Addr		P. O. BOX				
•	Massengill]		AND TX		810		
Site Name	Well or Facility	Township	Range	Meridian	Sec	tion	1/4 1/4	
HUBER 17 FED	02	18S	33E	NMI		17	NES	
THE FOLLOWING VIOLATION	WAS FOUND BY BUREAU OF LAND MA	NAGEMENT INS	PECTORS ON TH	IE DATE AN	D AT THE	SITE LIST	ED ABOVE	
Date	Time (24 - hour clock)		Violation	l		Gravity of Vi	iolation	
								
08/23/1999		43	CFR 3162.3-4(c)			MINO	R	
Corrective Action To	Day Commend	A	nent for Noncomplia		Assessment Reference			
Be Completed By	Date Corrected	Assessit		lice		135CSSITELL IV	CICICICC	
09/17/1999					4	3 CFR 31	63.1()	
	doned without approval. Well mu							
office. For IA requests	, respond to the attached TA justi	nication requir	ements.					
			lang I	Par				
When violation is corrected, sign this notice an			•	< <		Date 8	20 00	1
Company Representative Title			ulatory Te				30-99	
	ry to extend TA status		ell is be					
	r Corbin Delaware Wate			rigina	1 and	6 copi	es of	this
sundry was submitted	to your BLM/Roswell Of	fice on 8	- 30 - 99.		<u> </u>			
	WA	RNING						
Incidents of Noncompliance correction a earlier. Each violation must be corrected address shown above. Please note that yout comply as noted above under "Corre Civil Penalties (43 CFR 3163.2). All set	d within the prescribed time from receipt you already may have been assessed for n ective Action To Be Completed By" you r	of this Notice and oncompliance (se may incur an addi	d reported to the lee amount under " itional assessment	Bureau of La 'Assessment t under (43 C	nd Manag for Nonco FR 3163.1	ement offic mpliance"). l) and may	e at the . If you do also incur	1
Section 109(d)(1) of the Federal Oil and Title 43 CFR 3163.2(f)(1), provides that notices, affidavits, record, data, or other day such violation continues, not to exce	any person who "knowingly or willfully written information required by this part	" prepares, mainta	ains, or submits, i	alse, maccur	ate, or mus	sleading rep	orts,	
	REVIEW AND							
receipt of the Incidents of Noncompliana	uest a State Director review of the Incide ce with the appropriate State Director (se Wilson Blvd., Arlington VA 22203 (see 4	e 43 CFR 3165.3). The State Dire	ctor review d	lecision ma	ay be appea	led to the	

for further information.				
Signature of Bureau of Lan	d Management Authorized Offic	cer Stephu J Pohla	<i>Y</i>	8-23-89 Time 0820
		FOR OFFICE USE ON	LY	
Number	Date	Assessment	Penalty	Termination
53				
Type of Inspection				
PR				