Form 3142-5
• (November 1994)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires July 31, 1996

	BUREAU OF LAND	MANAGEMENI	14'181' O.:	1980ease Serial	X6.
CI	INDDU NOTICES AND	DEDODTE ON W	P X	1 002A1	NM 26692
	JNDRY NOTICES AND			6 If Indian Al	lottee or Tribe Name
	ot use this form for propo doned well.Use Form 316			O. II III Juli, A.	Total Control Country
SUBMIT IN T	RIPLICATE - Other Inst	ructions on reverse	side	7. If Unit or Ca	A/Agreement Name and/or No.
1. Type of Well					
X Oil Well	Gas Well	Other		8. Well Name and	
2. Name of Operator				Huber 17 Federal #4	
BURLINGTON RESOURCES OIL AND GAS COMPANY				1	
3a. Address 3b. Phone No. (include area code)				30-025-30787 10. Field and Pool, or Exploratory Area	
P. O. Box 51810, Midland, TX 79710-1810 915/688-9012				West Corbin Delaware	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				West	Cordin Delaware
660' FSL & 1980' FEL				11. County or Parish, State	
Sec. 17, T18S, R33E				Lea County, NM	
12. CHECK	APPROPRIATE BOX(ES) T	O INDICATE NATU	RE OF NOTICE, RE		
TYPE OF SUBMISSION			YPE OF ACTION		
	Acidize	Deepen	Production	on (Start/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamat	ion	X Well Integrity
X Subsequent Report	Casing Repair	New Construct	on Recomple	ete	Other
Final Abandonment Notice	Change Plans	Plug and Aband	on Tempora	rily Abandon	
	Convert to Injection	Plug Back	Water Di	isposal	
Bond under which the work will the involved operations. If the Abandonment Notices shall be inspection.) 1/16/98: Set one CIBI	be performed or provide the Bond operation results in a multiple compilied only after all requirements, in P at 5550' and one at 4 test (copy attached).	No. on file with BLM/BIA. Netion or recompletion in a cluding reclamation, have 1940°. Both wer	Required subsequent represent new interval, a Form 316 been completed, and the set with 35° of sed by Andy Co	orts shall be filed on a operator has deta	
	PROVED FOR	_ MONTH PER	200	FEB 0) 4 1998 D.) GARY GOURLEY
14. I hereby certify that the fo Name (Printed/Typed) De	pregoing is true and correct.			ory Assistant	
Signature Selson	magness)	Date 2/2/98		
	THIS SPACE		STATE OFFICE USE		
Approved by			Title Date		Date
Conditions of approval, if any, are at that the applicant holds legal or equit entitle the applicant to conduct opera	tached. Approval of this notice does table title to those rights in the subject tions thereon.	not warrant or certify lease which would	Office		
	· · · · · · · · · · · · · · · ·				Linited States any false fictitious

