Form 3160-5 (Novembar 1994)	DEPART	ITED STATES NT OF THE INTE LAND MANAGE	RIOR N.M. OII	Curr U.V. 98n	JON Budget I	MM APPROVED Bureau Na. 1004-0135 November 30, 2000
	SUNDRY NOTICES	ES AND REPORTS ON WELLSobbs, NM 88241			NM 61604	
Do aban	not use this form for doned well. Use For	Droposals to drill o	or to re-enter an			lottoe or Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit or CA/Agreemant, Name and/or No	
Type of Well     Cil Gas     Well     Well     Gas     BURL INGTON RESOURC	ES OIL & GAS COM	PANY			8. Well Name at SOUTH CORBI FEDERAL	N #3
3a. Address P.O. Box 51810 Midland, TX 79710-1810 4. Location of Well (Footney, Sec., T., N., M., or Survey Description) FEA: FEL			3b. Phone No. (Include area 915-688-6906	10. Field and Pool, or Exploratory Area		
554' FSL & 554' FEL SEC. 20, T18S, R33E					SOUTH CORBIN MORROW 11. County or Parish, State LEA N.M.	
12. TYPE OF SUB		ATE BOX(ES) TO I	NDICATE NATURE OF NO		OR OTHER DAT	Ά
				E OF ACTION		
Notice of Inte		Acidizo Altor Casing Casing Repair	Despen Fracture Typest	Production Production Rectagnation Recomplete		Water Shut-Off Wall Integrity
Figel Abaadoament Notice		Change Place		Tomporarily Abandon		Other <u>Request</u> 0-day extension 0 P&A well
following completion of the	uch the work will be peri	ormed or provide the B	ils, including estimated starting bourface locations and mean fond No. on file with BLMCs a multiple completion of foco y after all requirements, inch	IA. Remired sub	al dopths of all po	proximate duration thereof.

As per telephone conversation with Mr.Gary Gourley on 7-22-99, Burlington Resources requests a 90-day extension period to Plug and Abandon this well. Our Engineers were in the process of starting to plug this well, when they noticed that the Strawn Zone in this wellbore had not been tested. Based on surrounding Strawn Production, this well may have potential to produce in the Strawn Formation,

There are no casing leaks in this wellbore nor any threat of pollution that we know of. A sundry will follow to recomplete this well to the Strawn Formation. If the Strawn is non-productive, we will continue with the plugging of this well as orginally planned.

14. I hereby certify that the foregoing is true and correct Name (Primand/Typed) MARIA L. PEREZ	Tide REGULATORY REPRESENTATIVE	
Marin 7 Pers	Dato 7-22-99	
	RAL OR STATE OFFICE USE	<u> </u>
Approved by Conductors of approval, if any, are attached. Approved of this notice does not warran cortify that the appletent holds legal or equitable tile to those rights in the subject 1 which would entitle the applicant to conduct opurations thereon.	and of Office	.2-99
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfn fraudulest statements or representations at to may matter within its jurisdiction.	lfully to make to any department or agency of the United States any fa	lso, fictitious of