Forta 3160-5 (November 1994)

DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT Hobbs. NM 88241

N.M OIL OUR

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

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other Instructions on reverse side				I II	6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No.	
				7. If Unit or C		
Type of Well				0 11 11 11	I.V.	
X Oil Well	Gas Well	Other		8. Well Name a		
Name of Operator	<u> </u>			9. API Well No	mondtail 34 Fed #1	
BURLINGTON I	RESOURCES OIL AND			9, AFI WEILING		
a. Address 3b. Phone No. (include area code) P. O. Box 51810, Midland, TX 79710-1810 915/688-9012				10 Field and P	30-025-32879 pol, or Exploratory Area	
					e Draw Bone Spring	
Location of Well (Footage, Sec., T., R., M., or Survey Description) 980' FSL and 2310' FEL, Sec. 34, T23S, R32E					11. County or Parish, State Lea, NM	
- CVECV	APPROPRIATE BOX(ES) T	O INDICATE NATI	IRE OF NOT	TCE REPORT, OR O		
	APPROPRIATE BOX(ES) T	T	YPE OF AC	TION		
TYPE OF SUBMISSION						
	Acidize	Deepen		Production (Start/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat		Reclamation	Well Integrity	
Subsequent Report	Casing Repair	New Construc	tion	Recomplete	X Other Add Bone Spring Perfs	
Final Abandonment Notice	Change Plans	Plug and Abar	don	Temporarily Abandon		
_	Convert to Injection	Plug Back		Water Disposal		
Spring Sand intervals w/	, and pull tubing. Run (4" gun loaded w/ 2 sho	GR-CCL log from the state of th	n 10,171' 9946' - 99 ze down 2	PBTD to 8700'. F 954' and 10,010' - 7/8" tbg w/ 3000 g	Perf the following 1st Bon 10,020'. Spot 400 gals of gals 15% hydrochloric acid	
If froe is worranted unse	eat nacker and reset at 9)850'. Frac w/ 2	9,000 gals	Delta Frac 25 W/	70,300 los 20/40 Tempere	
LC sand. Swab to clean	well Pull tubing and p	acker. Re-set 2.7	/8" tubing	at ~9900'. Return	to production.	
14. I hereby certify that the for Name (Printed/Typed) Do	oregoing is true and correct. eborah Magness		Title	Regulatory Assistan	t	
Signature Dellaca	L magness		Date	December 2, 1997		
	THIS SPAC	E FOR FEDERAL O		ICE USE	Data	
	DAVID R. CLAS		Title		DEC 1 1 1997	
Conditions of approval, if any, are a that the applicant holds legal or equipple the applicant to conduct oper	stached. Approval of this notice does itable title to those rights in the subjectations thereon.	not warrant or certify t lease which would	Office			