submitted in lieu of Form 3160-5		
DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		
Sundry Notices and Reports of	on Wells	
<u> </u>	2004 APR 27 PM 3:536	Lease Number
1. Type of Well GAS	070 FARMINGTON, RM	NMSF-080711-A If Indian, All. or Tribe Name
	7.	Unit Agreement Name
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY	5678977	Well Name & Number
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-	17000 MAY 2004	San Juan 30-6 Unit #4848 API Well No. 30-039-27653
4. Location of Well, Footage, Sec., T, R, M 1300'FNL, 10'FWL, Sec.34, T30N, R6W, NMPM		Field and Pool Basin Fruitland Coal
	ELECTION 1.	County and State Rio Arriba Co, NM
X Notice of Intent Abandonment Recompletion Subsequent Report Plugging Back Casing Repair	of Action X Change of Plane Constructs Non-Routine Fra	lans ion acturing f
13. Describe Proposed or Completed Operations The BOP configuration has been revised for the su attached diagram: BOP and tests:	ubject well according	to the following and
Surface to intermediate TD - 11" 2000 psi (minimum) double gate surface casing, test BOPE to 600 psi for 30 min.	e BOP stack (Reference Figu	re #1). Prior to drilling out
Intermediate TD to Total Depth - 7 1/6" 2000 psi (minimum) compout intermediate casing, test BOPE and casing to 1500 psi for 30		e Figure #2). Prior to drilling
From surface to 7" TD – a choke manifold will be installed in account when the cavitation completion rig drills the production hole, the #4).	ordance with Onshore Order completion rig configuration	No. 2 (Reference Figure #3). will be used (Reference Figure
Pipe rams will be actuated at least once each day and blind rams upper kelly cock valve with handle and drill string safety valves to rig floor. 14. I hereby certify that the foregoing is true and correct.		
Signed Vancy Oltmann Title Regu	ılatory Specialist Da	
(This space for Federal or State Office use) APPROVED BY CONDITION OF APPROVAL, if any: Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willf United States any false, fictitious or fraudulent statements or representations a	Date Fully to make to any department or as to any matter within its jurisdi	fsb

BURLINGTON

Figure #4
Cavitation Rig
BOP Configuration
2,000 psi Minimum System

