

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

890' FSL, 1800' FEL, Sec. 31, T-27-N, R-5-W, NMPM

5. Lease Number
SF-079367

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

San Juan 27-5 Unit

8. Well Name & Number

San Juan 27-5 U #93

9. API Well No.

30-039-06774

10. Field and Pool

So. Blanco Pict. Cliffs

11. County and State

Rio Arriba Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other - Restimulation	

13. Describe Proposed or Completed Operations

4-20-00 MIRU. TIH w/2 3/8" gauge ring to 3224'. TOOH. Pump 5 bbl wtr to clean tbq. TIH w/test tool, set @ 3187'. TOOH. PT csg to 1500 psi, OK. PT csg to 3700 psi/15 min, OK. TOOH. TIH w/retrieving tool. Retrieve test tool. TOOH. RD.

5-9-00 MIRU. Frac existing Pictured Cliffs perms w/438 bbl 35# linear gel, 181,000# 20/40 Brady sd, 567,600 SCF N2. CO after frac.

5-10/12-00 Blow well & CO.

5-13-00 Blow well & CO. RD. Rig released.

14. I hereby certify that the foregoing is true and correct.

Signed *[Signature]* Title Regulatory Supervisor Date 5/15/00

ACCEPTED FOR RECORD

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date May 30 2000

CONDITION OF APPROVAL, if any: