

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED
BLM
98 DEC - 7 PM 1:33

070 FARMINGTON, NM

1. Type of Well
GAS

5. Lease Number
SF-079492-B
6. If Indian, All. or
Tribe Name

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

7. Unit Agreement Name
San Juan 27-5 Unit

3. Address & Phone No. of Operator

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

8. Well Name & Number
San Juan 27-5 U#74
9. API Well No.
30-039-06955

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

890' FSL 1650' FEL, Sec.23, T-27-N, R-5-W, NMPM

10. Field and Pool
Tapacito P.C.
11. County and State
San Juan Co, NM

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

Type of Submission

Type of Action

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 - restimulate	

13. Describe Proposed or Completed Operations

It is intended to restimulate the Pictured Cliffs formation of the subject well in the following manner:

Pull 1 1/4" tubing. Clean out to plug back total depth at 3400'. Acidize and foam fracture treat the Pictured Cliffs zone. Clean out and return well to production.

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

Signed *David Shaughnessy* (MDW) Title Regulatory Administrator Date 12/3/98
TLW

(This space for Federal or State Office use)

APPROVED BY *IS/Duane W. Spencer* Title _____ Date JAN - 7 1999

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

AMOC