submitted in lieu of Form 3160-5

UNITED STATES DEPARTMENT OF THE INTERIOR BURRAU OF LAND MANAGEMENT

Samuel Hospital	and Reports on Wells	•	<u> </u>
		5.	Lease Number SF-079049C
1. Type of Well GAS		6.	If Indian, All. or Tribe Name
		7.	Unit Agreement Name
2. Name of Operator			
BURLINGTON RESOURCES OIL & GAS COMPANY			San Juan 28-6 Unit
		8.	
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700			San Juan 28-6 U #11
		9.	API Well No. 30-039-07099
4. Location of Well, Footage, Sec., T, R, M 990'FSL, 1850'FWL, Sec.9, T-27-N, R-6-W, NMPM		10.	Field and Pool Blanco MV/Basin DK
330 2027 2000 027		11.	County and State Rio Arriba Co, NM
12. CHECK APPROPRIATE BOX TO INDICAT	E NATURE OF NOTICE,	REPORT, OTHER	DATA
Type of Submission	Type of Act		
Notice of Intent	Abandonment	_ Change of Pla	ans
	Recompletion	New Construc	Exacturing
_X Subsequent Report	Plugging Back Casing Repair	Non-Routine Fracturing Water Shut off	
Final Abandonment	Altering Casing	Conversion to Injection	

Attached is an amended C-102 to show the correct dedicated acreage (W/320) for the Mesaverde formation of the subject well.

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

Signed Title Regulatory Supervisor Date PFRO RECORD TO RECORD TO