

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED
MAY 26 PM 2:44
OIL CON. DIV.

1. Type of Well
GAS

5. Lease Number
SF-079491
6. If Indian, All. or
Tribe Name

2. Name of Operator

**BURLINGTON
RESOURCES** OIL & GAS COMPANY

7. Unit Agreement Name

3. Address & Phone No. of Operator

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

8. San Juan 27-5 Unit
Well Name & Number
San Juan 27-5 U #106
API Well No.
30-039-20025

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

1650' FNL, 1550' FEL, Sec.1, T-27-N, R-5-W, NMPM

10. Field and Pool
Blanco MV/Basin DK
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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" 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 type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to recomplete the Mesaverde formation in the subject well as follows:

MIRU, ND WH, NU BOP and pull the production tubing. A CIBP will be set at approximately 6900' above the Dakota formation. The Mesaverde will be perforated and fracture stimulated in the following intervals: 4983-5521', 5749-6270', 6340-6751'. After stimulation flowback, the CIBP above the Dakota formation will be drilled out and tubing landed at approximately 8535'. The well will then be commingled. A down-hole commingle application has been filed.

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

Signed _____ (KCPUD) Title Regulatory Administrator Date 4/20/99

(This space for Federal or State Office use)

APPROVED BY /s/ Duane W. Spencer Title Team Lead, Petroleum Management Date MAY 21 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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOC

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

PO Box 2088
Santa Fe, NM 87504-2088

Form C-1
Revised February 21, 19
Instructions on ba
Submit to Appropriate District Offi
State Lease - 4 Cop
Fee Lease - 3 Cop

☐ AMENDED REPOI

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-039-20025	² Pool Code 72319/71599	³ Pool Name Blanco Mesaverde/Basin Dakota
⁴ Property Code 7454	⁵ Property Name San Juan 27-5 Unit	⁶ Well Number 106
⁷ OGRID No. 14538	⁸ Operator Name Burlington Resources Oil & Gas Company	⁹ Elevation 7360' GR

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	1	27N	5W		1650	North	1550	East	RA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres MV-E/320 08 DK-N/320 36	¹³ Joint or Infill 08 36	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

¹⁶						¹⁷ OPERATOR CERTIFICAT I hereby certify that the information contained herein i true and complete to the best of my knowledge and be
						Signature Peggy Bradfield Printed Name Regulatory Administrat Title Date
						¹⁸ SURVEYOR CERTIFICAT I hereby certify that the well location shown on this p was plotted from field notes of actual surveys made b or under my supervision, and that the same is true an correct to the best of my belief.
						Date of Survey Signature and Seal of Professional Surveyer:
						Certificate Number

OK