

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

FOR APPROVED

OMB NO. 1004-0137

Expires: December 31, 1991

5. LEASE DESIGNATION AND SERIAL NO.

SF-080673

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 27-4 Unit

8. FARM OR LEASE NAME, WELL NO.

San Juan 27-4 U #39

9. API WELL NO.

30-039-20145

10. FIELD AND POOL, OR WILDCAT

Blanco MV/Basin DK

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

Sec.5, T-27-N, R-4-W

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL:

OIL

WELL

GAS

WELL

DRY

Other

b. TYPE OF COMPLETION:

NEW

WELL

WORK

OVER

DEEP-

EN

PLUG

BACK

DIFF.

RESVR

Other

2. NAME OF OPERATOR

BURLINGTON RESOURCES OIL & GAS COMPANY

3. ADDRESS AND TELEPHONE NO.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 846'FSL, 1693'FWL

At top prod. interval reported below

At total depth

DHC-1453

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR

PARISH

Rio Arriba

13. STATE

New Mexico

15. DATE SPUNDED

9-14-68

16. DATE T.D. REACHED

9-25-68

17. DATE COMPL. (Ready to prod.)

5-29-97

18. ELEVATIONS (DF, RKB, RT, BR, ETC.)*

6815 GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

8121

21. PLUG, BACK T.D., MD & TVD

8117

22. IF MULTIPLE COMPL.

HOW MANY*

2

23. INTERVALS

DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-8121

24. PRODUCTION INTERVAL (S) OF THIS COMPLETION-TOP, BOTTOM, NAME (MD AND TVD)*

5369-5978 Mesaverde

Commingled w/Dakota

25. WAS DIRECTIONAL

SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

CBL-CCL-GR

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD
10 3/4	32.75#	227	15	185 sx
7 5/8	26.4#	3907	9 7/8	175 sx
4 1/2	10.5 & 11.6#	8121	6 1/4	470 sx

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 3/8	8093	

31. PERFORATION RECORD (Interval, size and number)

5369, 5447, 5449, 5452, 5465, 5477, 5480, 5489, 5491,
5561, 5565, 5575, 5580, 5584, 5588, 5605, 5607, 5719,
5723, 5757, 5761, 5766, 5833, 5838, 5845, 5852, 5862,
5868, 5875, 5885, 5891, 5921, 5935, 5941, 5970, 5978

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5369-5607	42,000# 20/40 Ariz sd, 171 bbl 20# linear gel,
	300,000 SCF N2
5719-5978	110,000# 20/40 Ariz sd, 584 bbl 20# linear gel
	795,000 SCF N2

33.

PRODUCTION

DATE FIRST PRODUCTION

5-29-97

PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)

Flowing

WELL STATUS (Producing or shut-in)

SI

DATE OF TEST

5-29-97

HOURS TESTED

CHOKE SIZE

PROD'N FOR

TEST PERIOD

OIL-BBL

GAS-MCF

WATER-BBL

GAS-OIL RATIO

4190 Pitot Gauge

FLOW, TUBING PRESS.

SI 590

CASING PRESSURE

SI 995

CALCULATED

24-HOUR RATE

OIL-BBL

GAS-MCF

WATER-BBL

OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

To be sold

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED *[Signature]*

TITLE Regulatory Administrator

DATE 6-9-97

*(See Instructions and Spaces for Additional Data on Reverse Side)

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.

FARMINGTON DISTRICT OFFICE

NM0000

ACCEPTED FOR RECORD

JUN 12 1997

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, of both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22; and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	DEPT. OF COMPLETION		WELL COMPLETION OF RECOMPLETION REPORT	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH	NAME OF OPERATOR	DATE OF COMPLETION
				Pictured Cliffs	3675		Box 280, Farmington, N.M.	11-1-58
				Mesa Verde	5366			
				Point Lookout	5831			
				Gallup	6963			
				Greenhorn	7787			
				Graneros	7853			
				Dakota	7980			

38. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS, LARD ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

39. DATE FIRST PRODUCTION

40. DATE OF TEST

41. TYPE OF ATTACHMENTS

42. SIGNATURE

43. TITLE OR POSITION

44. ADDRESS

45. CITY

46. STATE

47. ZIP CODE

48. PHONE NUMBER

49. TELETYPE NUMBER

50. RADIO NUMBER

51. AIR MAIL

52. REGISTERED MAIL

53. POSTAGE PAID

54. RETURN TO ADDRESSEE

55. RETURN TO SENDER

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