

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

## Sundry Notices and Reports on Wells

1. Type of Well  
GAS

99 MAY 10 PM 5:19

Lease Number

SF-079391

If Indian, All. or  
Tribe Name

070 FARMINGTON, NM

2. Name of Operator

**BURLINGTON  
RESOURCES**

OIL &amp; GAS COMPANY

7. Unit Agreement Name

3. Address & Phone No. of Operator

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

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8. Well Name & Number

San Juan 27-5 U #163

API Well No.

30-039-20671

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

1650' FSL, 1190' FWL, Sec.18, T-27-N, R-5-W, NMPM

OIL CON. DIV.  
DIST. 3

10. Field and Pool

Blanco MV/Basin DK

DHC-2308

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 checked="" type="checkbox"/> Other - Commingle	

13. Describe Proposed or Completed Operations

It is intended to recompleate 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 5750' above the Dakota formation. The Mesaverde will be perforated and fracture stimulated in the following intervals: 3780-4653', 4770-5270', 5380-5712'. After stimulation flowback, the CIBP above the Dakota formation will be drilled out and tubing landed at approximately 7538'. The well will then be commingled. DHC-2308 has been received.

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

Signed [Signature] (DVPUD) Title Regulatory Administrator Date 5/7/99

(This space for Federal or State Office use)

APPROVED BY [Signature] Title Acting Team Lead Date 5/19/99

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

