

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

97 JUN -5 PM 1:49

1. Type of Well
GAS

070 FARMINGTON OIL, NM

5. Lease Number
SF-080675
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

3. Address & Phone No. of Operator

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

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

1450' FSL, 790' FEL, Sec. 27, T-27-N, R-4-W, NMPM

I

8. Well Name & Number
San Juan 27-4 U #132A
9. API Well No.
30-039-23712
10. Field and Pool
Blanco Mesaverde
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 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 - | |

13. Describe Proposed or Completed Operations

It is intended to set a packer ^{below} the Lewis formation of the subject well using the following procedure:

ND WH. NU BOP. TOOH with tubing. TIH with casing scraper to packer setting depth. TOOH. TIH with tubing and Model "R-3" packer. Land tubing at previous setting depth, set packer. ND BOP. NU WH. Return well to production.

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

Signed [Signature] (LLL9) Title Regulatory Administrator Date 5/30/97

(This space for Federal or State Office use)

APPROVED BY /s/ Duane W. Spencer Title _____ Date 5/31/1997

CONDITION OF APPROVAL, if any:

NMOC