

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

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

880' FNL, 1510' FWL, Sec. 7, T-27-N, R-5-W, NMPM

5. Lease Number
SF-079391

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
San Juan 27-5 Unit

San Juan 27-5 U #126M

9. API Well No.
30-039-23756

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 type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input checked="" 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 - Tubing repair | |

13. Describe Proposed or Completed Operations

2-14-00 MIRU. SDON.
 2-15-00 ND WH. NU BOP. TIH, tag up @ 7785'. TOOH w/239 jts 1 1/2" tbg. TIH, blow well & CO to PBTD @ 7797'. Pump 250 gal 15% HCl down tbg. Pump 250 gal 15% HCl down csg. SDON.
 2-16-00 TIH, blow well & CO. TOOH. TIH w/239 jts 1 1/2" 2.9# J-55 EUE tbg, landed @ 7697'. ND BOP. NU WH. Load tbg w/wtr. PT tbg to 500 psi/15 min, OK. Circ tbg clean. RD. Rig released.



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

Signed Deann Cole Title Regulatory Administrator Date 2/22/00

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____

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.

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