

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

1650' FSL, 910' FEL, 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

San Juan 27-5 Unit

8. Well Name & Number

San Juan 27-5 U #69M

9. API Well No.

30-039-23823

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

☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment

Type of Action

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other - Pay add and commingle  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut off  
☐ Conversion to Injection

13. Describe Proposed or Completed Operations

It is intended to add the Lewis shale to the existing Mesaverde formation of the subject well by setting a cast iron bridge plug above the existing perforations and stimulating the zone. The well will then be cleaned out to plug back total depth and tubing landed. The well will then be down hole commingled. A down hole commingle application will be submitted.



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

Signed [Signature] (DV) Title Regulatory Supervisor Date 12/11/00  
no

(This space for Federal or State Office use)

APPROVED BY [Signature] Title [Signature] Date MAR 14 2001

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.

NMCCS