

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

97 AUG -7 11:21

1. Type of Well  
GAS

070 FARMINGTON, NM

5. Lease Number  
NM-03583

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

San Juan 28-6 Unit  
8. Well Name & Number

San Juan 28-6 U #135M

9. API Well No.  
30-039-25628

10. Field and Pool  
Blanco MV/Basin DK

11. County and State  
Rio Arriba Co, NM

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

1655' FSL, 875' FEL, Sec. 6, T-27-N, R-6-W, NMPM

DHC-1497

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 - Commingle |  |

13. Describe Proposed or Completed Operations

8-2-97 MIRU. ND WH. NU BOP. TOOH w/182 jts 2 3/8" tbg. TIH w/bit to 5780'. Blow well & CO. Drill out CIBP @ 5833'. Blow well & CO to PBTD @ 7675'. TOOH.  
8-3-97 TIH w/243 jts 2 3/8" r.7# J-55 EUE tbg, landed @ 7627'. ND BOP. NU WH. RD. Rig released.

RECEIVED  
AUG 13 1997  
OIL CON. DIV.  
SAC, NM

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

Signed [Signature] Title Regulatory Administrator Date 8/5/97

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

AUG 12 1997

NMOCD

FARMINGTON DISTRICT OFFICE

BY [Signature]