

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) 326-8700

4. Location of Well, Footage, Sec., T, R, M
1065' FNL, 1470' FWL, Sec. 26, T-27-N, R-5-W, NMPM

5. Lease Number
SF-079493A

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 #134R

9. API Well No.
30-039-26082

10. Field and Pool
Tapacito Pict. Cliffs

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 -	

13. Describe Proposed or Completed Operations

6-15-99 Drill to TD @ 3519'. Circ hole clean. TOOH. TIH w/110 jts 2 7/8" 6.5# J-55 EUE csg, set @ 3512'. Pump 20 bbl wtr, 20 bbl chemical wash, 20 bbl wtr ahead. Cmt'd w/232 sx Class "B" neat cmt w/3% gel, 5 pps Gilsonite, 0.25 pps Cellophane, 2% sodium metasilicate 0.1% retardant (675 cu.ft.). Tailed w/50 sx Class "B" 50/50 poz w/2% gel, 5 pps Gilsonite, 2% sodium metasilicate, 0.25 pps Cellophane, 0.1% retardant (70 cu.ft.). Displace w/16.5 bbl wtr. Circ 50 bbl preflush to surface, no cmt. WOC. ND BOP. NU WH. RD. Rig released.

ACCEPTED FOR RECORD

JUN 23 1999

FARMINGTON FIELD OFFICE
BY [Signature]

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

Signed [Signature] Title Regulatory Administrator Date 6/16/99
no

(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.

AMOC