UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

5. Lease Number
SF-079394

1. Type of Well
   GAS

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

2. Name of Operator

BURLINGTON RESOURCES OIL & GAS COMPANY

San Juan 27-5 Unit
Well Name & Number
San Juan 27-5 U #143M

3. Address & Phone No. of Operator
   PO Box 4289, Farmington, NM 87499 (505) 326-9700

9. API Well No.
30-039-26294

4. Location of Well, Footage, Sec., T, R, M
   1000'FNL, 1850'FWL, Sec.34, T-27-N, R-5-W, NMPM

DHC-2580

10. Field and Pool
Blanco MV/Basin DK

11. County and State
Rio Arriba Co, NM

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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

		Type of Action	
___ Notice of Intent	___ Abandonment	___ Change of Plans
	___ Recompletion	___ New Construction
_X_ Subsequent Report	___ Plugging Back	___ Non-Routine Fracturing
	___ Casing Repair	___ Water Shut off
___ Final Abandonment	___ Altering Casing	___ Conversion to Injection
	_X_ Other -	

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13. **Describe Proposed or Completed Operations**

5-22-00 Drill to intermediate TD @ 3445'. Circ hole clean. TOOH. TIH w/82 jts 7" 20# J-55 ST&C csg, set @ 3438'.

5-23-00 Pump 20 bbl wtr, 20 bbl mud flush, 20 bbl wtr ahead. Cmtd w/360 sx Class "B" cmt w/3% Econolite, 0.25 pps Flocele, 5 pps Gilsonite, 3% sodium metasilicate (1047 cu.ft.). Tailed w/90 sx Class "B" 50/50 poz w/2% gel, 2% calcium chloride, 0.25 pps Flocele, 5 pps Gilsonite, 2% retardant (127 cu.ft.). Displaced w/140 bbl wtr. Circ 65 bbl cmt to surface. WOC. PT BOP & csg to 1500 psi/30 min, OK. Drilling ahead.

5-26-00 Drill to TD @ 7720'. Circ hole clean. TOOH. TIH, ran logs. TOOH.

5-27-00 TIH w/179 jts 4 ½" 10.5# J-55 ST&C csg, set @ 7717'. Pump 10 bbl chemical wash, 2 bbl wtr ahead. Cmtd w/510 sx Class "H" 50/50 poz w/0.25 pps Flocele, 5 pps Gilsonite, 2% gel, 0.2% reducer, 0.4% fluid loss, 0.1% retardant (648 cu.ft.). Displace w/122.4 bbl wtr. WOC. PT csg to 3800 psi/15 min, OK. ND BOP. NU WH. RD. Rig released.

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

Signed _____ Title Regulatory Supervisor Date 5/31/00

___ no

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

AUG 2 5 2000

NMOCD