

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

200 APR 12 PM 1:20

070 FARMINGTON, NM

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, 1035' FEL, Sec.21, T-27-N, R-5-W, NMPM

5. Lease Number
SF-0793946. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
San Juan 27-5 Unit
San Juan 27-5 U #154R

9. API Well No.
30-039-27247

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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input 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 checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to alter the approved casing depths and cement of the subject well.

Revisions:

Casing Program:

Hole Size	Depth Interval	Casing Size	Weight	Grade
8 3/4"	0-200'	7"	20.0#	J-55
6 1/4"	0-3470'	2 7/8"	6.4#	J-55

Cementing Program:

7" surface casing - 76 sx Class "B" cement with 0.25 pps Flocele and 3% calcium chloride (90 cu.ft. of slurry, 200% excess to circulate to surface).

2 7/8" production casing - cement with 351 sx Class "B" w/6% gel, 2% calcium chloride, 0.25 pps Cellophane, 5 pps Gilsonite, 0.1% antifoam. Tail w/90 sx Class "B" 50/50 poz w/2% gel, 0.25 pps Cellophane, 5 pps Gilsonite, 2% calcium chloride (1166 cu.ft., 120% excess to circulate to surface).

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

Signed Deann Cole (SC) Title Regulatory Supervisor Date 4/12/00
no

(This space for Federal or State Office use)

APPROVED BY /s/ Jim Lovato Title _____ Date MAY 24 2000
CONDITION OF APPROVAL, if any:

NMOCD