

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 1170' FSL, 805' FWL, Sec. 20, T-26-N, R-9-W, NMPM</p>	<p>5. Lease Number NMNM-03493</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name Huerfano Unit</p> <p>8. Well Name & Number Huerfano Unit #500</p> <p>9. API Well No. 30-045-29011</p> <p>10. Field and Pool Basin Fruitland Coal</p> <p>11. County and State San Juan Co, NM</p>
---	--

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 - Tubing repair	

13. Describe Proposed or Completed Operations

11-20-01 MIRU. SDON.

11-21-01 ND WH. NU BOP. TIH 5 jts 2 3/8" tbg, tag up @ 2117'. TOO H w/5 jts tbg. Load tbg w/2% KCl wtr. Drop standing valve. PT tbg to 1000 psi, OK. Attempt to latch standing valve. Cut sd line. TOO H w/1800' sd line & 59 jts 2 3/8" tbg. Left 3 jts tbg in hole. SD for holiday.

11-26-01 TIH w/3 7/8" mill to 1930'. Pump 500 gal 15% HCl @ 1930'. Displace w/5 bbl wtr. Mill to 1944'. SDON.

11-27-01 Mill @ 1944-2057'. Blow well & CO. SDON.

11-28-01 Blow well & CO. TOO H w/mill. TIH w/64 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 2006'. (SN @ 2005'). ND BOP. NU WH. RD. Rig released.

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

Signed *Regulatory Supervisor* Title Regulatory Supervisor Date 12/28/01

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: