

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

97 APR 19 11:25  
070 FARMINGTON, NM

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) 326-9700

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

890' FNL, 1150' FEL, Sec. 19, T-28-N, R-5-W, NMPM

5. Lease Number  
SF-080516A
6. If Indian, All. or  
Tribe Name
7. Unit Agreement Name
- San Juan 28-5 Unit
8. Well Name & Number  
San Juan 28-5 U #57
9. API Well No.  
30-039-07393
10. Field and Pool  
Basin Dakota
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 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 checked="" 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 type="checkbox"/> Other -                  |  |

13. Describe Proposed or Completed Operations

It is intended to repair the casing in the subject well. A procedure will be submitted by 7-15-97.

RECEIVED  
APR 21 1997

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

Signed [Signature] (ROS8) Title Regulatory Administrator Date 4/15/97

(This space for Federal or State Office use)

APPROVED BY [Signature] Title  Date APR 18 1997

CONDITION OF APPROVAL, if any: