

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) 326-9700

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

1495' FSL 1660' FEL, Sec. 28, T-28-N, R-10-W, NMPM

5. Lease Number

SF-077383A

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Kutz Deep Test #3

9. API Well No.

30-045-29930

10. Field and Pool

Fulcher Kutz PC

11. County and State

San Juan 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 - Spud, casing, and cement	

13. Describe Proposed or Completed Operations

5-27-99 MIRU. Spud well @ 3:15 pm 5-27-99. Drill to 137'. Circ hole clean. TOOH. TIH w/3 jts 5 1/2" 15.5# K-55 LT&C csg, set @ 129'. Cmt d w/50 sx Class "B" neat cmt w/3% calcium chloride, 0.25 pps Flocele (59 cu ft). Circ 3 bbl cmt to surface. WOC. NU BOP. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

5-28-99 Drill to TD @ 2317'. Circ hole clean. TOOH.

5-29-99 TIH w/73 jts 2 7/8" 6.5# J-55 csg, set @ 2309. Cmt d w/112 sx Class "B" neat cmt w/3% D-79, 5 pps D-42, 0.25 pps Flocele, 2% S1, 0.1% D-46 (326 cu ft). Tailed w/54 sx Class "B" 50/50 poz w/2% gel, 5 pps D-42, 2% S1, 0.25 pps Flocele, 0.1% D-46 (76 cu ft). Circ 13 bbls cmt to surface. ND BOP. NU WH. RD. Rig released.

APD ROW RELATED

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

Signed *[Signature]* Title Regulatory Administrator Date 6/3/99
TLW

(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 to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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[Signature]