

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
APR 29 11:25

Sundry Notices and Reports on Wells

APR 29 PM 1:25

1. Type of Well
GAS

070 FARMINGTON, NM

5. Lease Number
SF-047017B
6. If Indian, All. or
Tribe Name

2. Name of Operator

**BURLINGTON
RESOURCES** OIL & GAS COMPANY

RECEIVED
APR 22 1999

7. Unit Agreement Name

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-1200

OIL CON. DIV.
DIST. 3

Well Name & Number
Angel Peak B #26

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

935' FNL, 1190' FEL, Sec. 25, T-28-N, R-11-W, NMPM

A

9. API Well No.
30-045-11617
10. Field and Pool
Basin Dakota
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 - Tubing Repair | |

13. Describe Proposed or Completed Operations

3-18-99 MIRU. ND WH. NU BOP. TOOH w/1 1/2" tbg. TIH w/3 7/8" bit. SDON.
3-19-99 TIH to 6417'. Circ w/air & unload well. CO to 6449'. Flow well naturally. TOOH w/bit. SD for wknd.
3-22-99 TIH, unload well. Flow well naturally. TOOH. TIH w/197 jts 1 1/2" 2.9# J-55 tbg, set @ 6396'. ND BOP. NU WH. RD. Rig released.

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

Signed Regina S. ... Title Regulatory Administrator Date 3/26/99
vkh

(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.

NMOC

SM