

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

Sundry Notices and Reports on Wells

90 JAN 9 PM 3:27

1. Type of Well
GAS

RECEIVED
JAN 15 1998

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL CON. DIV.
DIST. 3

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

1950' FNL, 1490' FEL, Sec. 4, T-29-N, R-5-W, NMPM

5. Lease Number
NM-0558139

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Creek #1

9. API Well No.
30-039-20339

10. Field and Pool
Blanco Mesaverde

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 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 - Casing clean out	

13. Describe Proposed or Completed Operations

11-14-97 MIRU. ND WH. NU BOP. TOOH w/171 jts 1 1/2" tbg. SD for weekend.
11-17-97 TIH w/7 5/8" csg scraper to 3438'. TOOH. TIH w/5 1/2" csg scraper to 4650'.
TOOH. TIH w/RBP, set @ 4600'. Load hole w/wtr. PT csg above RBP to 750 psi,
OK. SDON.
11-18-97 Blow well & CO. Release RBP, TOOH. TIH w/4 3/4" bit to 5686'. TOOH. TIH,
pump 15 bbl wtr ahead. Pump 500 gal 15% Hcl. Displace w/wtr. SDON.
11-19-97 Blow well & CO.
11-20-97 Blow well & CO. TIH w/177 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 5538'.
ND BOP. NU WH. RD. Rig released.

The subject well will be evaluated for the installation of a pumping unit and possible
recompletion to the Pictured Cliffs and/or Lewis pay add. This evaluation will
be completed by 7-1-98.

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

Signed *Regulatory Administrator* (ROS) Title Regulatory Administrator Date 1/6/98

(This space for Federal or State Office use)

APPROVED BY /S/ Duane W. Spencer Title _____ Date JAN 12 1998
CONDITION OF APPROVAL, if any:

NMOC