

submitted in lieu of Form 3160-5

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
1540' FNL, 1605' FWL, Sec. 20, T-29-N, R-7-W, NMPM

5. Lease Number
SF-078424

6. If Indian, All. or Tribe Name

7. Unit Agreement Name
San Juan 29-7 Unit

8. Well Name & Number
San Juan 29-7 U #45A

9. API Well No.
30-039-23955

10. Field and Pool
Blanco MV/Basin DK

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other - Pay add

13. Describe Proposed or Completed Operations

8-31-00 MIRU. SDON.

9-1-00 ND WH. NU BOP. TOOH w/113 jts 2 3/8" tbq. SD for holiday.

9-5-00 TOOH w/132 jts 2 3/8" tbq. TIH w/7" RBP & pkr; set RBP @ 5100'. Load csg w/300 bbl 2% KCl wtr. Set pkr @ 3830'. PT csg to 5000 psi/15 min, OK. TOOH w/pkr. TIH, perf lower Lewis w/1 SPF @ 4742-4752', 4783-4793', 4857-4867', 4920-4930', 4971-4981', 5040-5050' w/60 holes total. TIH w/RBP & pkr. SDON.

9-6-00 Break down perms w/1000 gal 10% acetic acid. Displace w/2% KCl wtr. TOOH w/RBP & pkr. SDON.

9-7-00 TIH, frac lower Lewis w/114 bbl 20# linear gel, 126,000 SCF N2, 7,437# 20/40 Brady sd. CO after frac.

9-8-00 Refrac lower Lewis w/670 bbl 20# linear gel, 476,040 SCF N2, 70,000# 20/40 Brady sd. CO after frac.

Continued on back

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

Signed Nancy Oltsmanns for Title Regulatory Supervisor Date 10/2/00
no
(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date OCT 11 2000
CONDITION OF APPROVAL, if any: NMOC