

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator <b>BURLINGTON RESOURCES</b> OIL &amp; GAS COMPANY</p> <hr/> <p>3. Address &amp; Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 1850' FNL, 1100' FWL, Sec. 23, T-29-N, R-7-W, NMPM  DHC-1584</p>	<p>5. Lease Number SF-078399</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name  San Juan 29-7 Unit</p> <p>8. Well Name &amp; Number San Juan 29-7 U #67A</p> <p>9. API Well No. 30-039-25644</p> <p>10. Field and Pool Blanco MV/Basin DK</p> <p>11. County and State Rio Arriba Co, NM</p>
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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 - Commingle	

13. Describe Proposed or Completed Operations

8-6-97 MIRU. ND WH. NU BOP. TOOH w/166 jts 2 3/8" tbg. TIH to 5515'. Blow well & CO. Drill out CIBP @ 5530'. Blow well & CO to PBTD @ 7546'. TOOH.

8-7-97 TIH, blow well & CO. TOOH. TIH W/239 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 7475'. ND BOP. NU WH. RD. Rig released.

**RECEIVED**  
AUG 13 1997

OIL CON. DIV.  
DIST. 3

RECEIVED  
BLM  
97 AUG 12 PM 12:57  
OTD Farmington NM

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

Signed *Regan Bradfield* Title Regulatory Administrator Date 8/8/97

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

Date **ACCEPTED FOR RECORD**

CONDITION OF APPROVAL, if any:

AUG 13 1997

NMOC

FARMINGTON DISTRICT OFFICE  
BY *[Signature]*