

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

RECEIVED
BLM

Sundry Notices and Reports on Wells

99 APR - 1 PM 1:46

1. Type of Well
GAS

5. Lease Number
NM-019404
6. If Indian, All. or
Tribe Name

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

RECEIVED
APR - 9 1999

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

OIL CON. DIV.
DIST. 3

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

2480' FNL, 1085' FEL, Sec. 26, T-29-N, R-7-W, NMPM

R-10720

7. Unit Agreement Name
San Juan 29-7 Unit
Well Name & Number
San Juan 29-7 U #72B
API Well No.
30-039-26042
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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input 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 checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to alter the approved surface casing depth and cement of the subject well. The new surface casing depth will be a minimum of 120'.

Revisions:

Mud Program:

Interval	Type	Weight	Fluid Loss
0-120'	Spud	8.4-8.9	No control

Casing Program:

Hole Size	Depth Interval	Casing Size	Weight	Grade
12 1/4"	0-120'	9 5/8"	32.3#	WC-50

Cementing Program:

9 5/8" surface casing - 96 sx Class "B" cement with 0.25 pps Flocele and 2% calcium chloride (113 cu.ft. of slurry, 200% excess to circulate to surface). WOC 8 hours. Test casing to 600 psi/30 minutes.

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

Signed [Signature] Title Regulatory Administrator Date 3/31/99

(This space for Federal or State Office use) Team Lead, Petroleum Management APR - 7 1999
APPROVED BY /s/ Duane W. Spencer 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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.