

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

2500' FNL, 425' FEL, Sec. 19, T-29-N, R-7-W, NMPM

R-10720, R-10987A

5. Lease Number
SF-078503A

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

San Juan 29-7 Unit
Well Name & Number

San Juan 29-7 U #87B

9. API Well No.
30-039-26052

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

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment

Type of Action

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☒ Altering Casing

☐ Other -

☒ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut off

☐ Conversion to Injection

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 4/1/99

(This space for Federal or State Office use)

APPROVED BY /S/ Duane W. Spencer

Title

Team Lead, Petroleum Management

Date

APR 2 1999

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.

NMOCB