

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

Sundry Notices and Reports on Wells

96 NOV 12 1996

1. Type of Well  
GAS

070 FARMINGTON, NM

5. Lease Number  
SF-079382  
6. If Indian, All. or  
Tribe Name  
7. Unit Agreement Name

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

1240' FNL 1190' FEL, Sec. 24, T-30-N, R-7-W, NMPM

San Juan 30-6 Unit  
8. Well Name & Number  
San Juan 30-6 U #412  
9. API Well No.  
30-039-24153  
10. Field and Pool  
Basin Fruitland Coal  
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 -	

13. Describe Proposed or Completed Operations

11-7-96 MIRU. ND WH. NU BOP. TOO H w/2 3/8" tbg. SDON.  
11-8-96 Finish TOO H w/2 3/8" tbg. TIH w/stator & 109 jts 2 3/8" 4.7# J-55 tbg,  
landed @ 3488'. ND BOP. NU WH. TIH w/rotor & 7/8" rods. RD. Rig  
released.

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NOV 20 1996

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

Signed [Signature] Title Regulatory Administrator Date 11/12/96

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

NOV 18 1996

FARMINGTON DISTRICT OFFICE  
BY [Signature]

NMOCN