

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number SF-080712
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY	6. If Indian, All. or Tribe Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name San Juan 30-6 Unit
4. Location of Well, Footage, Sec., T, R, M 1170'FNL, 1800'FEL, Sec.20, T-30-N, R-6-W, NMPM	8. Well Name & Number San Juan 30-6 U #460
	9. API Well No. 30-039-24249
	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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 - Recavitate
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

It is intended to recavitate the subject well in the following manner:

Pull the production tubing. Pull the 5 1/2" liner. Cavitare the Fruitland Coal formation utilizing natural and air assisted surges until the well stabilizes. Clean the well to total depth and run a 5 1/2" 15.5# K-55 casing liner. The liner will be pre-perforated with 4 shots per foot across the coal intervals. Rerun the production tubing. The well will then be returned to production.

RECEIVED
FEB - 9 1998
OIL CON. DIV.
DIST. 3

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

Signed Vancy G. Altman (DWSFTC) Title Regulatory Administrator Date 1/30/98

(This space for Federal or State Office use)

APPROVED BY AS/Thomas W. S. [Signature] Title _____ Date FEB - 5 1998

CONDITION OF APPROVAL, if any:

NMOC