

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

200 APR -4 PM 12:38

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) 326-9746

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

790' FSL, 1095' FWL, Sec. 27, T-30-N, R-7-W, NMPM

5. Lease Number  
SF-079074

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

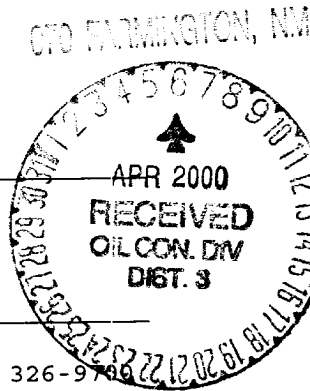
San Juan 30-6 Unit

8. Well Name & Number  
San Juan 30-6 U #422

9. API Well No.  
30-039-24261

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 - Pump installation	

13. Describe Proposed or Completed Operations

3-25-00 MIRU. ND WH. NU BOP. TIH to 3745'. TOOH w/2 3/8" tbg. TIH w/114 jts  
2 3/8" 4.7 J-55 EUE tbg, landed @ 3735'. ND BOP. NU WH. SDON.  
3-26-00 RU to run rods. SD for rig repairs. SDON.  
3-27-00 SD for rig repairs.  
3-28-00 TIH w/145 3/4" rods & pump. Load hole w/wtr. PT tbg & pump to 500 psi, OK.  
Circ hole clean. RD. Rig released.

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

Signed [Signature] Title Regulatory Supervisor Date 4/3/00

ACCEPTED FOR RECORD

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ PM 2000

CONDITION OF APPROVAL, if any:

NMOCD

APPROVED FOR OFFICE