

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  
2530' FSL, 2315' FEL, Sec. 15, T-30-N, R-7-W, NMPM  
NSL-3724

5. Lease Number  
NM-012694

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 #83A

9. API Well No.  
30-039-25606

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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" 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 - Spud
	<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

10-30-96 MIRU. Spud @ 8:15 p.m. 10-30-96. Drill to 250'. Circ hole clean. TOOH. TIH w/9 5/8" 36# K-55 ST&C csg, set @ 244'. Cmt d w/165 sx Class "B" cmt w/3% calcium chloride, 0.25 pps Cellophane (195 cu.ft.). Circ 10 bbl cmt to surface. WOC.

10-31-96 WOC. NU BOP. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

RECEIVED  
NOV 1 1996  
FARMINGTON DISTRICT OFFICE

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

Signed Ricky Shannon Title Regulatory Administrator Date 11/1/96

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any: \_\_\_\_\_

Date \_\_\_\_\_

ACCEPTED FOR RECORD

NOV 05 1996

NMOCD

FARMINGTON DISTRICT OFFICE  
RY Ricky Shannon