

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

1570' FSL, 495' FEL, Sec. 14, T-30-N, R-7-W, NMPM

5. Lease Number
NM-012293

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 #69A
9. API Well No.
30-039-
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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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

It is intended to use the subject well as a temporary pressure observation well for approximately six months. Packers will be set at approximately 5024' and 5304' to isolate perforations in the Cliff House, Menefee and Point Lookout formations. Down hole gauges will be used to monitor reservoir pressures in the three isolated zones. The well will be converted to production at the end of the observation period.

RECEIVED
NOV 20 1996
OIL CON. DIV.
DIST. 3

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

Signed Regan Strickland (SCWMV) Title Regulatory Administrator Date 11/15/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date /s/ Duane W. Spencer

CONDITION OF APPROVAL, if any:

APPROVED
NOV 19 1996
DISTRICT MANAGER

NMOC