

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

RECEIVED
AUG 18 1997
OIL & GAS DIV.

97 AUG 12 PM 12:54
OIL & GAS DIV. NM

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

1850' FNL, 965' FWL, Sec. 20, T-30-N, R-6-W, NMPM

5. Lease Number
SF-080712

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 #82A

9. API Well No.
30-039-25657

10. Field and Pool
Blanco MV/Basin DK

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

☐ Notice of Intent

☐ Abandonment

☐ Change of Plans

☒ Subsequent Report

☐ Recompletion

☐ New Construction

☐ Final Abandonment

☐ Plugging Back

☐ Non-Routine Fracturing

☐ Casing Repair

☐ Water Shut off

☐ Altering Casing

☐ Conversion to Injection

☒ Other -

13. Describe Proposed or Completed Operations

8-6-97 Drill to intermediate TD @ 3417'. Circ hole clean. TOOH. TIH w/7" csg.
Work through bridges.

8-7-97 Circ hole clean. TOOH w/7" csg.

8-8-97 Drop 8 drill collars down hole. TOOH. TIH w/fishing tools. Fishing.

8-9-97 Fishing. TOOH w/fish & fishing tools. Circ hole clean.

8-10-97 TOOH. TIH w/83 jts 7" 20# J-55 csg, set @ 3417'. Cmtd first stage w/200
sx Class "B" 50/50 poz w/1% calcium chloride, 0.5 pps Flocele, 10 pps
Gilsonite (246 cu.ft.). Circ 16 bbl cmt to surface. Stage tool set @
2676'. Cmtd second stage w/370 sx Class "B" 65/35 poz w/6% gel, 2%
calcium chloride, 5 pps Gilsonite, 0.25 pps Flocele (722 cu.ft.).
Tailed w/100 sx Class "B" neat cmt w/2% calcium chloride, 5 pps
Gilsonite, 0.25 pps Flocele (120 cu.ft.). Circ 3 bbl cmt to surface.
WOC.

8-11-97 WOC. PT BOP & csg to 1500 psi/30 min, OK. Drilling ahead.

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

Signed [Signature] Title Regulatory Administrator Date 8/11/97

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

Date **ACCEPTED FOR RECORD**

AUG 14 1997

MMOCD

FARMINGTON DISTRICT OFFICE

BY