

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on wells 1:37

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

800' FNL, 1165' FWL, Sec.26, T-30-N, R-6-W, NMPM

5. Lease Number

SF-078741

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 #12A

9. API Well No.

30-039-25700

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

☐ 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 - Pay add

13. Describe Proposed or Completed Operations

4-10-00 MIRU. SDON.

4-11-00 ND WH. NU BOP. TOOH w/231 jts 2 3/8" tbg. TIH w/4 1/2" CIBP, set @ 5350'. TOOH. TIH w/4 1/2" pkr, set @ 4220'. PT csg @ 4220-5350' to 3800 psi/15 min, OK. Load csg w/175 bbl 2% KCl wtr. TOOH w/pkr. TIH, perf Lewis w/1 SPF @ 4636-4646', 4662-4672', 4720-4730', 4787-4797', 4862-4872', 4894-4904', 4928-4938', 5009-5019', 5070-5080', 5110-5120', 5182-5192', 5256-5266' w/120 holes total. TIH w/4 1/2" RBP & pkr. SDON.

4-12-00 Break down Lewis perfs w/1332 gal 10% acetic acid. Displace w/80 bbl 2% KCl wtr. TOOH w/RBP & pkr. Frac Lewis w/155,000# 20/40 Brady sd, 498 bbl 25# linear gel, 945,157 SCF N2. CO after frac.

4-13-00 Blow well & CO.

4-14-00 Blow well & CO. TOOH. TIH w/3 7/8" mill to 5200'. Blow well & CO.

4-15-00 Blow well & CO. Mill out CIBP @ 5350'. TIH, blow well & CO to 6380'.

4-16-00 Blow well & CO.

4-17-00 Blow well & CO. TOOH w/mill. TIH w/201 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 6296'. ND BOP. NU WH. RD. Rig released.

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

Signed

Title Regulatory Supervisor

Date 4/18/00

no

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date PM 2000

CONDITION OF APPROVAL, if any:

NMOCD