

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) 326-9400

4. Location of Well, Footage, Sec., T, R, M
2445' FNL, 1970' FEL, Sec. 4, T-30-N, R-5-W, NMPM

5. Lease Number
NM-4456

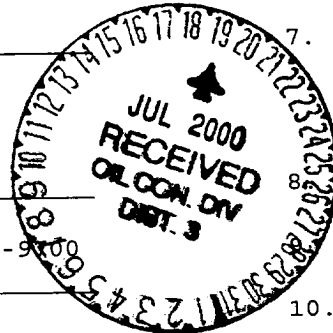
6. If Indian, All. or Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Cat Draw Com #101
API Well No.
30-039-26331

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 -	

13. Describe Proposed or Completed Operations

6-16-00 Drill to intermediate TD @ 3094'. Circ hole clean.

6-17-00 TOOH. TIH w/72 jts 7" 20# J-55 ST&C csg, set @ 3083'. Pump 20 bbl wtr, 20 bbl mud flush, 20 bbl wtr ahead. Cmt d w/320 sx Class "B" cmt w/3% gel, 0.5 pps fluid loss, 2% calcium chloride, 10 pps Gilsonite, 0.1% reducer (928 cu.ft.). Tailed w/90 sx Class "B" 50/50 poz w/2% gel, 2% calcium chloride, 0.25 pops Flocele, 5 pps Gilsonite, 0.1% reducer (114 cu.ft.). Displace w/124 bbl wtr. Circ 32 bbl cmt to surface. WOC. PT csg & BOP to 1500 psi/30 min, OK. TIH w/6 1/4" bit. Tag TOC @ 3044'. Drill cmt to 3093'. Drill to TD @ 3304'. Circ hole clean. TOOH. TIH, attempt to run logs, failed. TOOH. TIH w/6 1/4" bit, blow well & CO.

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

Signed *Deanna Cale* Title Regulatory SupervisorACCEPTED FOR RECORD
Date 6/19/00

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

FARMINGTON FIELD OFFICE
BY *[Signature]*