

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

1110' FNL, 1675' FWL, Sec. 4, T-29-N, R-10-W, NMPM

C

Lease Number

NM-03561

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Grenier B #4R 4E

9. API Well No.

30-045-29406

10. Field and Pool

Basin Dakota

11. County and State

San Juan 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

10-22-96 Drill to TD @ 7090'. Circ hole clean. TOOH. TIH, run logs.  
 10-23-96 Run logs.  
 10-24-96 Run 63 sidewall cores. Underream @ 7040-7090'. Circ hole clean. Run logs.  
 10-25-96 Circ hole clean. TOOH. TIH w/172 jts 4 1/2" 11.6# N-80 csg, set @ 7088'.  
 10-26-96 Cmted w/1225 sx Class "B" 50/50 poz w/3% Econolite, 0.5 pps Flocele, 10 pps  
 Gilsonite (1764 cu.ft.). Circ 20 bbl cmt to surface. Stage tool set @  
 3893'. Cmted second stage w/880 sx Class "B" neat cmt w/3% Econolite, 0.5  
 pps Cellophane, 10 pps Gilsonite (2702 cu.ft.) Tailed w/100 sx Class "B"  
 neat cmt (118 cu.ft.). Circ 82 bbl cmt to surface. PT csg to 3800 psi/15  
 min, OK. ND BOP. NU WH. RD. Rig released.

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

Signed *Danny D. Marshall* Title Regulatory Administrator Date 11/14/96

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any:

**ACCEPTED FOR RECORD**

**NOV 19 1996**

NMOCD

FARMINGTON DISTRICT OFFICE

mv