

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells
99 MAY 24 PM 2:01

1. Type of Well
GAS

6. If Indian, All. or
Tribe Name

2. Name of Operator

7. Unit Agreement Name

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

RECEIVED
JUN - 1 1999

3. Address & Phone No. of Operator
Farmington, NM 87499 (505) 326-9700

8. Well Name & Number
Cooper #1R
9. API Well No.
30-045-29818

4. Location of Well, Footage, Sec., T, R, M
1450' FNL, 1175' FWL, Sec. 18, T-29-N, R-11-W, NMPM

10. Field and Pool
Fulcher Kutz PC
11. County and State
San Juan Co, NM

OIL CON. DIV.
DIST. 3

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 - Spud, casing, and cement	

13. Describe Proposed or Completed Operations

5-19-99 MIRU. Spud well @ 9:15 am 5-19-99. Drill to 146'. Circ hole clean. TOOH. TIH w/3 jts 7" 20# J-55 csg, set @ 141'. Cmdt w/80 sx Class "B" neat cmt w/3% calcium chloride, 0.25 pps Flocele (94 cu ft). Circ 5 bbl cmt to surface. WOC. NU BOP. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

5-20-99 Drill to TD @ 1988'. Circ hole clean. TOOH. TIH w/62 jts 3 1/2" 9.3# J-55 csg, set @ 1979'. Cmdt w/177 sx Class "B" neat cmt w/3% D-79, 5 pps D-42, 0.25 pps Flocele, 0.1% D-46 (515 cu ft). Circ 18 bbl cmt to surface. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 5/21/99

ACCEPTED FOR RECORD

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOCD

MAY 28 1999

FARMINGTON FIELD OFFICE