

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

Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

1450' FNL, 1175' FWL, Sec. 18, T-29-N, R-11-W, NMPM

REVISED SUNDRY NOTICE

5. Lease Number

SF-077317

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Cooper #1R

9. API Well No.

30-045-29818

10. Field and Pool

Fulcher Kutz PC

11. County and State

San Juan Co, NM

RECEIVED
SEP 20 1999
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 - Coiled tubing installation	

13. Describe Proposed or Completed Operations

8-12-99 RU coiled tbg unit. ND gate valve. NU coiled tbg adapter. TIH,
CO w/air to PBTD @ 1969'. Land 1 3/4" 1.91# (per ft) coiled tbg @ 1810'.
ND adapter. NU WH. RD coiled tbg unit. Well returned to production.

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

Signed [Signature] Title Regulatory Administrator Date 8/26/99
vkh

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

SEP 17 1999