

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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|---|--|
| <p>1. Type of Well<br/>GAS</p> <hr/> <p>2. Name of Operator<br/><b>BURLINGTON<br/>RESOURCES</b> OIL &amp; GAS COMPANY</p> <hr/> <p>3. Address &amp; Phone No. of Operator<br/>PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M<br/>900' FNL, 1300' FWL, Sec. 6, T-29-N, R-11-W, NMPM</p> | <p>5. Lease Number<br/>NMSF-078813</p> <p>6. If Indian, All. or<br/>Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name &amp; Number<br/>Cooper #6R</p> <p>9. API Well No.<br/>30-045-30469</p> <p>10. Field and Pool<br/>Fulcher Kutz PC</p> <p>11. County and State<br/>San Juan Co, NM</p> |
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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

- 1-28-02 Drill to TD @ 2200'. Circ hole clean. TOOH. TIH w/70 jts 2 7/8" 6.5# J-55 EUE csg, set @ 2191'.
- 1-29-02 Pump 20 bbl wtr, 20 bbl mud flush, 20 bbl wtr ahead. Cmdt w/287 sx Premium Lite cmt w/3% calcium chloride, 0.25 pps Celloflake, 5 pps LCM-1, 0.4% fluid loss, 0.4% sodium metasilicate (611 cu.ft.). Tailed w/90 sx Class "C" Type III w/1% calcium chloride, 0.2% fluid loss, 0.25 pps Celloflake (124 cu.ft.). Displaced w/12.5 bbl wtr. Circ 61 bbl cmt to surface. WOC. ND BOP. NU WH. RD. Rig released.

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

Signed *Regan Cole* Title Regulatory Supervisor Date 2/12/02  
no

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any:

*MH*