

submitted in lieu of Form 3160-5

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

930' FSL, 1825' FEL, Sec.8, T-29-N, R-10-W, NMPM

5. Lease Number
NMSF078197

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Nye Federal #2M

9. API Well No.
30-045-30799

10. Field and Pool
Blanco MV/Basin DK

11. County and State
San Juan Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment

Type of Action

☐ Abandonment ☒ Change of Plans
☐ Recompletion ☐ New Construction
☐ Plugging Back ☐ Non-Routine Fracturing
☐ Casing Repair ☐ Water Shut off
☐ Altering Casing ☐ Conversion to Injection
☒ Other -

13. Describe Proposed or Completed Operations

It is intended to alter the approved casing depths and cement of the subject well.

Revisions:

Mud Program:

Interval	Type	Weight	Vis.	Fluid Loss
0- 320'	Spud	8.4-8.9	40-50	no control
320-7170'	LSND	8.4-9.0	40-60	8-12

Casing Program:

Hole Size	Depth Interval	Casing Size	Weight	Grade
12 1/4"	0-320'	8 5/8"	24.0#	J-55
7 7/8"	0-7170'	4 1/2"	10.5#	J-55

Cementing Program:

8 5/8" surface casing - Cement w/336 sx Class "B" w/3% calcium chloride, 0.25 pps Celloflake (396 cu.ft. of slurry, 200% excess to circulate to surface).
4 1/2" production casing - Lead with 725 sx LiteCrete Blend w/0.11% TIC Dispersant, 0.5% fluid loss additive. Tail w/433 sx Class "G" 50/50 poz w/5% gel, 5 pps Gilsonite, 0.25 pps Celloflake, 0.25% fluid loss additive, 0.15% TIC dispersant, 0.1% retarder, 0.1% antifoam agent (2451 cu.ft., 50% excess to circulate to surface).

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

Signed [Signature] Title Regulatory Supervisor Date 12/18/01
TLW

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date 12/20/01

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMCOO