

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

97 JAN -9 PM 1:32

1. Type of Well
GAS

070 FARMINGTON, NM

- 5. Lease Number
SF-C78387
- 6. If Indian, All. or
Tribe Name
- 7. Unit Agreement Name

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

1180' FSL, 1840' FWL, Sec. 29, T-31-N, R-8-W, NMPM
N

- 8. Well Name & Number
Howell D #351
- 9. API Well No.
30-045-26902
- 10. Field and Pool
Basin Fruitland Coal
- 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 checked="" type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut off |
| | <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

- 12-9-96 MIRU. TOO H w/7/8" rods & pump. ND WH. NU BOP. SDON.
- 12-10-96 TIH, tag PBD. TOO H w/94 jts 3 1/2" tbg, 8 jts 2 7/8" tbg & perf sub. TIH w/7" RBP, set @ 3075'. Load hole. PT csg to 980 psi/15 min, OK. SDON.
- 12-11-96 Blow well & CO. Latch RBP, TOO H. TIH w/94 jts 3 1/2" 9.2# K-55 EUE tbg, 8 jts 2 7/8" 6.5# J-55 EUE tbg, landed @ 3325'. Blow well & CO. SDON.
- 12-12-96 Blow well & CO. ND BOP. NU WH. TIH w/7/8" rods & pump. RD. Rig released.

RECEIVED
JAN 17 1997

CIVIL RIGHTS DIV.
BLM

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

Signed *Debra Shadwell* Title Regulatory Administrator Date 1/9/97

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

JAN 13 1997

FARMINGTON DISTRICT OFFICE
M

NMOCD