

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
800' FNL, 670' FEL, Sec.14, T-30-N, R-10-W, NMPM

5. Lease Number
NMSF078200A

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Grambling C #1B

9. API Well No.
30-045-30909

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	Type of Action
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other - casing, & cement
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

3/24/02 Drill to intermediate TD @ 3475'. Circ hole clean. TOOH. TIH w/80 jts 7" 20# J-55 ST&C csg, set @ 3469'. Cmtd w/429 sxs 65/35 poz Type 3 w/8% gel, 3% calcium chloride, 0.4% fluid loss, 5 pps LCM-1, 0.4% sodium metasilicate, 0.25 pps celloflake (914 cu. Ft.). Tail w/90 sxs 65/35 poz Type 3 w/0.2% fluid loss, 1% calcium chloride, 0.25 pps cellophane (124 cu. Ft.). Circ 36 bbls cmt to surface. WOC.

3/25/02 PT BOP & csg to 1500 psi/30 mins, OK. Drilling ahead.

3/27/02 Drill to TD @ 7776'. Circ hole clean. TOOH.

3/28/02 TIH w/180 jts 4-1/2" 10.5# J-55 ST&C csg, set @ 7773'. Cmtd w/338 sxs 65/35 Type 3 poz w/0.7% fluid loss, 0.2 pps CD-32, 6.25 pps LCM-1, 0.25 pps celloflake, 6% gel (669 cu. Ft.). ND BOP. NU WH. RD. Rig released.

A CBL will be ran at a later date to determine TOC.

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

Signed *Gregory Case* Title Regulatory Supervisor Date APR 04 2004

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____

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.

ACCEPTED FOR FILE
TLW
APR 04 2004
FARMINGTON OFFICE
BY *[Signature]*