

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) 326-9100

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

1110' FSL, 1570' FEL, Sec. 8, T-32-N, R-6-W, NMPM

5. Lease Number
NM-04207

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
Allison Unit

8. Well Name & Number
Allison Unit #47M

9. API Well No.
30-045-29700

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 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 - Tubing repair | |

13. Describe Proposed or Completed Operations

9-1-00 MIRU. SD for weekend.

9-5-00 ND WH. NU BOP. TOO H w/2 3/8" tbg. TIH w/243 jts 2 3/8" 4.7# J-55 tbg, set @ 7586'. SDON.

9-6-00 ND BOP. NU WH. Exp check wouldn't pump off. ND WH. NU BOP. TOO H w/2 3/8" tbg. TIH w/243 jts 2 3/8" 4.7# J-55 tbg, set @ 7586'. ND BOP. NU WH. Exp check would still not release. SDON.

9-7-00 ND WH. NU BOP. TOO H w/2 3/8" tbg. TIH w/4 1/2" "G" plug, set @ 2235'. Tighten WH. TOO H w/4 1/2" "G" plug. SDON.

9-8-00 TIH w/243 jts 2 3/8" 4.7# J-55 tbg, set @ 7586'. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Supervisor Date 9/11/00
TLW

(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.

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NMCO

OFFICE