

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
GAS</p> <hr/> <p>2. Name of Operator
BURLINGTON RESOURCES OIL & GAS COMPANY</p> <hr/> <p>3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M
1700' FSL, 1075' FEL, Sec. 26, T-32-N, R-12-W, NMPM</p> | <p>5. Lease Number
NMSF-078147</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number
Decker #2A</p> <p>9. API Well No.
30-045-22852</p> <p>10. Field and Pool
Blanco Pict Cliffs/
Blanco Mesaverde</p> <p>11. County and State
San Juan Co, NM</p> |
|---|---|

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 - Commingle | |

13. Describe Proposed or Completed Operations

- 12-1-01 MIRU. ND WH. NU BOP. PT BOP to 1500 psi/15 min, OK. TOOH w/92 jts 1 1/4" Pictured Cliffs tbg. TIH w/retrieving tool Work stuck 4 1/2" Model "R" pkr free. TOOH w/pkr & 2 3/8" Mesaverde tbg. TIH w/3 7/8" mill to 5523'. Blow well & CO to PBTD @ 5603'.
- 12-2-01 Blow well & CO.
- 12-3-01 Blow well & CO. TOOH w/mill. TIH w/170 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 5337'. (SN @ 5335'). ND BOP. NU WH. RD. Rig released.

Well will produce as a Pictured Cliffs/Mesaverde commingle under R-11363.

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

Signed *Deputy Case* Title Regulatory Supervisor Date 12/28/01
no

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: