

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED

1. Type of Well
GAS

2003 JUL -7 PM 1:25

070 Farmington, NM

5. Lease Number
NMSF-079520
If Indian, All. or
Tribe Name

2. Name of Operator

BURLINGTON

RESOURCES OIL & GAS COMPANY LP

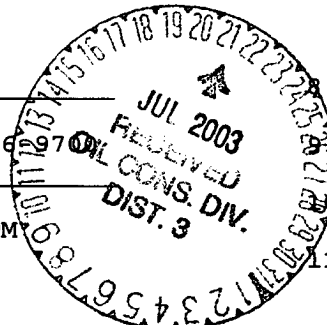
Unit Agreement Name

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

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

1700' FNL, 90' FWL, Sec. 24, T-28-N, R-5-W, NMPM



San Juan 28-5 Unit
Well Name & Number
San Juan 28-5 U #92M
API Well No.
30-039-26181
Field and Pool
Blanco MV/Basin DK
County and State
Rio Arriba 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

6-27-03 MIRU. SDON.
6-28-03 ND WH. NU BOP. TIH, tag up. TOOH w/tbg. TIH w/3 7/8" mill. SD for Sunday.
6-30-03 Mill on 4 1/2" lnr top @ 3038'. TIH to 8790'. Blow well & CO to PBTD @ 8825'. Pump 1500 gal 15% HCl @ 6063'. Displace w/24 bbl 2% KCl wtr. SDON.
7-1-03 TOOH w/mill. TIH w/277 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 8670'. (SN @ 8669'). ND BOP. NU WH. RD. Rig released.

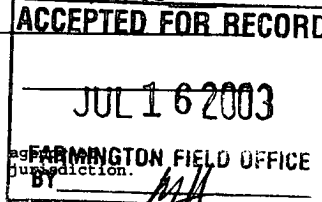
14. I hereby certify that the foregoing is true and correct.

Signed *Jerry Call* Title Regulatory Supervisor Date 7/2/03
no

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:



NMOC