

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED

1. Type of Well
GAS

5. Lease Number
NMSF-080712A
6. If Indian, All. or
Tribe Name

070 Farmington, NM

2. Name of Operator

BURLINGTON

RESOURCES OIL & GAS COMPANY LP

7. Unit Agreement Name

3. Address & Phone No. of Operator

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

8. San Juan 30-6 Unit
Well Name & Number
San Juan 30-6 U #473

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

1140' FSL, 960' FWL, Sec.22, T-30-N, R-6-W, NMPM

9. API Well No.
30-039-24476
10. Field and Pool
Basin Fruitland Coal
11. County and State
Rio Arriba Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

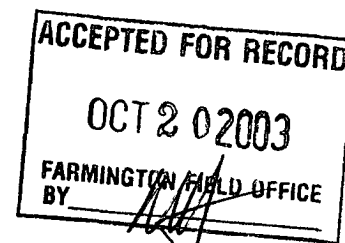
Type of Submission

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 - | |

13. Describe Proposed or Completed Operations

10-2-03 MIRU. TOOH w/124 3 4/" rods & pump. ND WH. NU BOP. TIH, tag up. Drop standing valve. PT tbg, failed. TOOH w/100 jts 2 3/8" tbg. SDON.
10-3-03 TIH w/2 7/8" bailer. CO to PBTD @ 3242'. TOOH w/bailer. TIH w/101 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 3240'. ND BOP. NU WH. SDON.
10-4-03 TIH w/124 3/4" rods & pump. Load tbg w/12 bbl wtr. PT tbg & pump to 500 psi, OK. RD. Rig released.



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

Signed Nancy Oltschans Title Senior Staff Specialist Date 10/9/03

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOC