

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

RECEIVED

OCT 01 2008

Amended

Sundry Notices and Reports on Wells

Bureau of Land Management
Farmington Field Office

- | | |
|---|---|
| <p>1. Type of Well
GAS</p> <p>2. Name of Operator
BURLINGTON
RESOURCES OIL & GAS COMPANY LP</p> <p>3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M

Surf: Unit N (SESW), 853' FSL & 1846' FWL, Section 8, T27N, R5W, NMPM
BH: Unit N (SESW), 1135' FSL & 1605' FWL, Section 8, T27N, R5W, NMPM</p> | <p>5. Lease Number
USA SF-079391</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name
San Juan 27-5 Unit</p> <p>8. Well Name & Number
San Juan 27-5 Unit 913</p> <p>9. API Well No.

30-039-30318</p> <p>10. Field and Pool
Basin DK</p> <p>11. County and State
Rio Arriba Co., NM</p> |
|---|---|

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

Type of Submission	Type of Action
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment <input checked="" type="checkbox"/> Change of Plans <input checked="" type="checkbox"/> Other - deepen production string
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion <input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging <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

13. Describe Proposed or Completed Operations

Burlington wished to deepen the ^{production} ~~intermediate~~ hole from 7791' to 7956'. We will also be drilling the production hole w/mud. Directional Plan will change also.

Attached is a project proposal.

RCVD OCT 7 '08
OIL CONS. DIV.
DIST. 3

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

Signed Rhonda Rogers Rhonda Rogers Title Regulatory Technician Date 10/1/08

(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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

AMENDED Pools to Dakota standalone

NMOCD

