submitted in lieu of Form 3160-5			
UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			ECEMED
Sundry Notices and Reports on Wells	Control Control		MAR 02 200°
1. Type of Well GAS		5. F£	au of Land Management LoisgiNofiber Office NM - 013657 If Indian, All. or Tribe Name
GAS			Tribe Name
2. Name of Operator BURLINGTON			Unit Agreement Name San Juan 28-6 Unit
RESCURCES OIL & GAS COMPAN	Y LP	<del></del> 8.	Well Name & Number
3. Address & Phone No. of Operator			San Juan 28-6 Unit 153
PO Box 4289, Farmington, NM 87499 (505) 326-9700			API Well No.
Location of Well, Footage, Sec., T, R, M  Surf: Unit D (NWNW), 475' FNL & 420' FWL, Section 25, T28N, R6W, NMPM		<del></del>	30-039-30538
			Field and Pool sin DK/Blanco MV
		11.	County and State Rio Arriba NM
2. CHECK APPROPRIATE BOX TO INDICATE I	NATURE OF NOTICE. REPORT.	OTHER DA	ATA
Type of Submission Type of Action Notice of Intent Abandonment		X O	
X Subsequent Report Plugging	New Construction	<del></del>	
X Subsequent Report Plugging  Casing Repair	Non-Routine Fracturing Water Shut off	1	
Final Abandonment Altering Casin	g Conversion to Injection		,
3. Describe Proposed or Completed Operations			
/25/2009 MIRU Mote 209. Spud w/12 1/4" bit @ 100 5/8"csg, 32.3#, H-40, ST&C & set @ 227'. Pre-flush vop & displace plug w/14 bbl H2O circ no cmt to surfact circ 1 bbl cmt to surface. RD RR @ 1115hrs on 02/2 will be conducted by drilling rig. Results will appear	w/ 10bbl H2O & Pumped 76sx (122cf ice. WOC. Top <u>ou</u> t cmt on 02/26/2009 26/2009.	-22bbl) Typ. 9. Pumped 2	e III cmt w/20% Flyash.
4. I hereby certify that the foregoing is true and con	rrect.		
igned Amie Goodwie	Jamie Goodwin Title Regulatory Te	echnician	Date <u>02/26/2009.</u>
This space for Federal or State Office use)  PPROVED BY ONDITION OF APPROVAL, if any:	Title	D	Date
tle $18U.SC$ Section $1001$ , makes it a crime for any person knowingly and willfully to make United States any false, fictitious or fraudulent statements or representations as to any materials.			
	MMOPD AD		