

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

Sundry Notices and Reports on Wells

RECEIVED

703 NOV 20 AM 10:28

070 Farmington, NM

1. **Type of Well**
GAS

2. **Name of Operator**
BURLINGTON
RESOURCES OIL & GAS COMPANY LP

3. **Address & Phone No. of Operator**
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. **Location of Well, Footage, Sec., T, R, M**
1045' FSL, 1665' FEL, Sec. 24, T-27-N, R-5-W, NMPM

5. **Lease Number**
NMSF-079492B
6. **If Indian, All. or Tribe Name**
7. **Unit Agreement Name**

8. **Well Name & Number**
San Juan 27-5 Unit
9. **API Well No.**
San Juan 27-5 U #119M
30-039-25935
10. **Field and Pool**
Blanco MV/Basin DK
11. **County and State**
Rio Arriba Co, NM

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

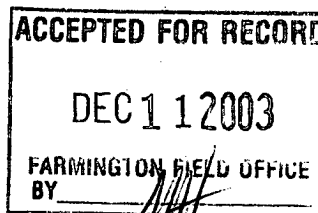
Type of Submission

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 - Tubing repair	

13. Describe Proposed or Completed Operations

11-15-03 MIRU. ND WH. NU BOP. TIH, tag up @ 7828'. TOOH w/tbg. SDON.
11-16-03 TIH w/fishing tools to fish standing valve. PT to 1000 psi, OK. Fishing. SDON.
11-17-03 Fishing. SDON.
11-18-03 Fishing. TOOH w/fish & fishing tools. Blow well & CO. TIH w/250 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 7815'. (SN @ 7785'). ND BOP. NU WH. RD. Rig released.



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

Signed Nancy Olthman Title Senior Staff Specialist Date 11/19/03

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOC