

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

2001 AUG 30 PM 1:06

1. Type of Well
GAS

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

3. Address & Phone No. of Operator

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

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

1795' FNL, 1980' FWL, Sec. 18, T-25-N, R-6-W, NMPM

5. Lease Number
SF-078882

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Canyon Largo Unit
Well Name & Number
Canyon Largo U #451

9. API Well No.
30-039-26646

10. Field and Pool
Basin Dakota

11. County and State
Rio Arriba Co, NM

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

Type of Submission

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment

Type of Action

☐ Abandonment ☒ Change of Plans
☐ Recompletion ☐ New Construction
☐ Plugging Back ☐ Non-Routine Fracturing
☐ Casing Repair ☐ Water Shut off
☒ Altering Casing ☐ Conversion to Injection
☐ Other -

13. Describe Proposed or Completed Operations

It is intended to alter the approved surface casing depth and cement, and add an alternate one stage production cement for the subject well.

Revisions:

Mud Program:

Interval	Type	Weight	Fluid Loss
0-500'	Spud	8.4-8.9	no control
500-7380'	LSND	8.4-9.0	8-12

Casing Program:

Hole Size	Depth Interval	Casing Size	Weight	Grade
12 1/4"	0-500'	8 5/8"	24.0#	WC-50
7 7/8"	0-7380'	4 1/2"	10.5# & 11.6#	J-55 & N-80

Cementing Program:

8 5/8" surface casing - cement with 525 sx Class "B" cement with 3% calcium chloride, 0.25 pps Celloflake (619 cu.ft. of slurry, 200% excess to circulate to surface).
4 1/2" production casing - cement with 771 sx 9.5 ppg LiteCrete Blend w/0.11% TIC dispersant, 0.5% fluid loss additive. Tail with 404 sacks Class "G" 50/50 poz with 5% gel, 0.25 pps Cellophane, 5 pps Gilsonite, 0.25% fluid loss additive (2522 cu.ft. of slurry, 50% excess to circulate to surface).

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

Signed Nancy Oltmanns for Title Regulatory Supervisor Date 8/30/01
no

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date 8/31/01

CONDITION OF APPROVAL, if any: