

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

Sundry Notices and Reports on Wells

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

1490' FSL, 690' FWL, Sec.10, T-27-N, R-5-W, NMPM

R-10936

90 AUG 19 11:22
OIL CON. DIV. DIST. 3

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AUG 17 1998

OIL CON. DIV.
DIST. 3

5. Lease Number
SF-079491A
If Indian, All. or
Tribe Name

Unit Agreement Name

San Juan 27-5 Unit
8. Well Name & Number
San Juan 27-5 U #113C
API Well No.
30-039-25813
10. Field and Pool
Blanco Mesaverde
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 checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input checked="" type="checkbox"/> Change of Plans |
| <input 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 checked="" type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Other - | |

13. Describe Proposed or Completed Operations

It is intended to run additional surface casing in the subject due to the possibility of extreme lost circulation in this area. The new casing and cement program will be as follows:

Casing Program:

Hole Size	Depth Interval	Casing Size	Weight	Grade
12 1/4"	0-600'	9 5/8"	32.3#	WC-50

Cementing Program:

9 5/8" surface casing - 478 sacks Class "B" cement with 0.25 pps Cellophane and 2% calcium chloride (564 cu.ft. of slurry, 200% excess to circulate to surface). WOC 8 hours. Test casing to 600 psi/30 minutes.

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

Signed *Duane W. Spencer* (KAS) Title Regulatory Administrator Date 8/6/98

(This space for Federal or State Office use)
APPROVED BY /s/ Duane W. Spencer Title _____ Date AUG 19 1998

CONDITION OF APPROVAL, if any:

NMOC