

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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
1785' FSL, 845' FWL, Sec. 18, T-28-N, R-9-W, NMPM

5. Lease Number
NMNM01772A

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Reid #16R

9. API Well No.
30-045-30847

10. Field and Pool
Basin FTC/Aztec PC

11. County and State
San Juan 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other - Spud, casing, & cement
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

2/9/02 MIRU. Spud well @ 6:30 pm 2/9/02. Drill to 146'. Circ hole clean. TOOH. TIH w/3 jts 7" 20# J-55 ST&C csg, set @ 139'. Cmdt w/70 sxs Class B w/3% calcium chloride, 0.25 pps cellophane (83 cu. Ft.). Circ 4 bbls cmt to surface. WOC.

2/10/02 NU BOP. PT BOP & csg to 600 psi/30 mins, OK. Drilling ahead.

2/11/02 Drill to TD @ 2235'. Circ hole clean. TOOH. TIH w/52 jts 4-1/2" 10.5# J-55 ST&C csg, set @ 2217'. Cmdt w/162 sxs Premium Lite FM w/3% calcium chloride, 0.25 pps celloflake, 5 pps LCM-1, 0.4% fluid loss, 0.4% sodium metasilicate (345 cu. Ft.). Tail w/90 sxs Type III cmt w/1% calcium chloride, 0.2% fluid loss, 0.25 pps celloflake (124 cu. Ft.). Circ 20 bbls cmt to surface. ND BOP. NU WH. RD. Rig released.

APD ROW Related

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

Signed [Signature] Title Regulatory Supervisor Date 2/13/02

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

