

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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| <p>1. Type of Well<br/>GAS</p> <hr/> <p>2. Name of Operator<br/><b>BURLINGTON<br/>RESOURCES</b> OIL &amp; GAS COMPANY</p> <hr/> <p>3. Address &amp; Phone No. of Operator<br/>PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M<br/>820' FSL, 1825' FEL, Sec. 31, T-30-N, R-7-W, NMPM<br/>0</p> | <p>5. Lease Number<br/>NM-012709</p> <p>6. If Indian, All. or<br/>Tribe Name</p> <p>7. Unit Agreement Name<br/><br/>San Juan 30-6 Unit</p> <p>8. Well Name &amp; Number<br/>San Juan 30-6 U #10A</p> <p>9. API Well No.<br/>30-039-25601</p> <p>10. Field and Pool<br/>Blanco Mesaverde</p> <p>11. County and State<br/>Rio Arriba Co, NM</p> |
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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 -	

13. Describe Proposed or Completed Operations

12-1-96 MIRU. Ran CBL @ 2800-5432'. Ran CBL-CCL-GR @ 0-5432'. 4 1/2" lnr top @ 2906'. TOC in lnr top @ 2906'. TOC on 7" intermediate csg @ 80'. TOOH. RD. Rig released.

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

Signed *James Sheehy* Title Regulatory Administrator Date 12/5/96

(This space for Federal or State Office use)  
APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

DEC 06 1996

FARMINGTON DISTRICT OFFICE  
BY *[Signature]*