

submitted in lieu of Form 3160-5

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) 326-5400

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

790' FNL, 1730' FEL, Sec. 35, T-32-N, R-10-W, N4MPM

5. Lease Number
SF-078507

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
San Juan 32-9 Unit

8. Well Name & Number
San Juan 32-9 U#296

9. API Well No.
30-045-28315

10. Field and Pool
Basin Fruitland Coal

11. County and State
San Juan 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 - Recavitation

13. Describe Proposed or Completed Operations

9-8-00 MIRU. ND WH. NU BOP. TOO H w/2 3/8" tbg. TIH, engage lnr hanger & pull free. SDON.
9-9-00 TOO H w/8 jts 5 1/2" csg. Blow well & CO.
9-10/10-2-00 Blow well & CO.
10-3-00 TIH w/9 jts 5 1/2" 15.5# K-55 LM&C csg, set @ 2949'. Lnr top @ 2606'. Lnr pre-perf @ 2686-2707', & 2916-2947'. TIH w/perf mill. SDON.
10-4-00 Mill perf plugs @ 2686-2707', & 2916-2947'. TOO H w/perf mill. TIH w/94 jts 2 3/8" 4.7# J-55 tbg, set @ 2938'. SN @ 2905'. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Supervisor Date 10/20/00

TLW FOR REVIEW

(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.

NMOCD

BY [Signature] OFFICE