

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED  
BLM  
98 NOV 23 PM 2:05  
070 FARMINGTON, NM

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

1045' FSL, 2255' FEL, Sec. 29, T-32-N, R-6-W, NMPM

5. Lease Number  
SF-081155

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name  
Allison Unit

8. Well Name & Number  
Allison Unit #53A

9. API Well No.  
30-045-29678

10. Field and Pool  
Blanco Mesaverde

11. County and State  
San Juan Co., NM

RECEIVED  
DEC 14 1998  
OIL & GAS DIV  
FARMINGTON, 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 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 - Casing and cement	

13. Describe Proposed or Completed Operations

11-9-98 Drill to intermediate TD @ 3563'. Circ hole clean. TOOH.  
11-10-98 TIH w/87 jts 7" 23.0# J-55 csg, set @ 3560'. Cmdt w/323 sx Class "G"  
neat cmt w/3% sodium metasilicate, 0.50 pps Flocele, 10 pps  
Gilsonite (940 cu ft). Circ 28 bbl to surface. WOC. NU BOP.  
PT csg & BOP to 1500 psi/30 min, OK. Drilling ahead.  
11-13-98 Drill to TD @ 6032'. Circ hole clean. TOOH. TIH w/57 jts 4 1/2"  
10.5# J-55 ST&C lnr, set @ 6031'. Lnr top @ 3426'. Cmdt w/  
292 sx Class "B" 50/50 poz w/2% gel, 5 pps Gilsonite, 0.25 pps  
Flocele, 0.5% fluid loss, 0.1% defoamer (400 cu ft). Circ 5 bbl  
cmt to surface. WOC. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 11/18/98

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

DEC 10 1998 CEH