

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) 326-9100

4. Location of Well, Footage, Sec., T, R, M
1165' FSL, 665' FWL, Sec. 20, T-31-N, R-11-W, NMMP

5. Lease Number
SF-078115

6. If Indian, All. or Tribe Name

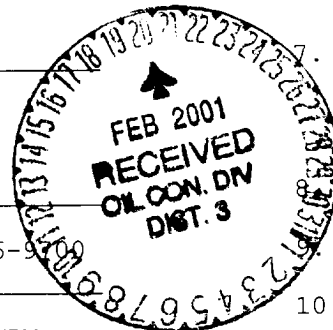
7. Unit Agreement Name

8. Well Name & Number
Grenier #6B

9. API Well No.
30-045-30465

10. Field and Pool
Blanco Mesaverde

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 - casing, & cement

2001 FEB 12

13. Describe Proposed or Completed Operations

2-5-01 Drill to intermediate TD @ 2985'. Circ hole clean. TOOH. TIH w/5 jts 7" 23# N-80 LT&C, & 67 jts 7" 20# J-55 ST&C csg, set @ 2976'.

2-6-01 Cmt d w/333 50/50 sx Class "G" TXI lightweight w/2.5% sodium metasilicate, 2% calcium chloride, 0.5 pps celloflake, 10 pps gilsonite, 0.2% antifoam (859 cu ft). Tail w/93 sx 50/50 Class "G" cmt w/2% gel, 0.25 pps celloflake, 5 pps gilsonite, 0.1% antifoam (119 cu ft). Circ 18 bbl cmt to surface. PT BOP & csg to 1500 psi/30 min, OK. Drilling ahead.

2-7-01 Drill to TD @ 5241'. Blow well clean. TOOH.

2-8-01 TIH w/55 jts 4 1/2" 10.5# J-55 ST&C csg, set @ 5253'. Lnr top @ 2866'. PT lines to 3000 psi, OK. Cmt d w/255 sx 50/50 Class "G" poz w/4.5% gel, 0.25 pps celloflake, 5 pps gilsonite, 0.25% fluid loss, 0.35% dispersant, 0.1% antifoam (365 cu ft). Circ 10 bbl cmt to surface. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature]

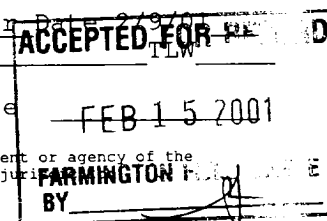
Title Regulatory Supervisor Date 2/9/01

(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