

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

2004 NOV 18 PM 3 15

Sundry Notices and Reports on Wells

RECEIVED

070 FARMINGTON NM
Lease Number
NMSF079367

1. Type of Well
GAS

6. If Indian, All. or
Tribe Name

2. Name of Operator

BURLINGTON

RESOURCES OIL & GAS COMPANY LP

7. Unit Agreement Name

San Juan 27-5 Unit

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

8. Well Name & Number

San Juan 27-5 Unit #141M
API Well No.

4. Location of Well, Footage, Sec., T, R, M
Sec., T--N, R--W, NMPM

30-039-27734

10. Field and Pool

Unit C (NENW), 455' FnL & 1985' FWL, Sec. 30, T27N, R5W

Blanco MV & Basin DK

11. County and State

Rio Arriba 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 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	<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 - LOG & PT DETAIL	

13. Describe Proposed or Completed Operations

10/18/04 RU Schlumberger, ran gauge ring to 7536', PBTD @ 7544', Ran CBL, GR/CCL from 7536' to 1800', GR/CCL from 7290' to 6230'; CBL/GR/CCL/RST from 7536' to 3250'; GR/CCL 3250' to surface. TOC @ 2325' (7" shoe @ 3428') 1103' overlap. RD Wireline.

10/28/04 RU Frac Valve & Test equipment. PT casing and head to 6600 psi/15 min. Good test.

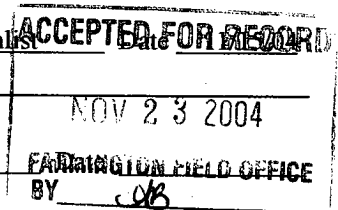
14. I hereby certify that the foregoing is true and correct.

Signed Patsy Clugston Patsy Clugston Title Sr. Regulatory Specialist

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:



NMOCDD