

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) 326-9700

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

505' FSL, 525' FEL, Sec. 18, T-28-N, R-5-W, NMPM

5. Lease Number
NMSF-08051-A 080514A
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
San Juan 28-5 Unit
8. Well Name & Number
San Juan 28-5 Unit 34M
9. API Well No.
30-039-29676
10. Field and Pool
Blanco MV/Basin DK
11. County and State
Rio Arriba, 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 Well Spud	

13. Describe Proposed or Completed Operations

12/28/05 MIRU Mote #1. Spud 12-1/4" surface hole @ 9:00 on 12/28/05. Drill to 162'. Circ hole clean. TOOH. TIH w/5 Jts 9-5/8", 32.3#, H-40 Csg set @ 159'. Preflush w/4 bbls FW. Cmt w/59 sxs Type I-II cmt (95 CF-17 bbl slurry) w/20% Fly Ash. Drop plug and displace with 9 bbl water. Circ 3 bbls cmt to surface. WOC. Casing will be PT with the drilling rig before proceeding with drilling.

APD Row Related



DEC 29 PM 1 41
RECEIVED
FARMINGTON NM

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

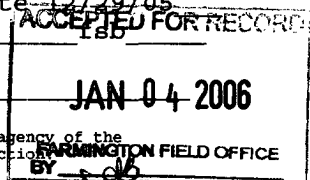
Signed Frances Sand Title Regulatory Specialist Date 12/29/05

(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.



NMOC