Form 3160-5 (August 2007)

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

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No.

SF-080673

Do not use	DRY NOTICES AND R this form for proposa well. Use Form 3160-3	6. If Indian, Allottee or Tribe Name of Trib			
SU	BMIT IN TRIPLICATE - Other				
1. Type of Well Oil Well	Gas Well Ott	ner	8. Well Name and No. San Juan 27-4 Unit 38		
Name of Operator     Burlington Resources Oil & Gas Company LP			9. API Well No.	9. API Well No.	
3a. Address	ton Resources Oil & G	3b. Phone No. (include area code)		30-039-20115 10. Field and Pool or Exploratory Area	
PO Box 4289, Farmington, NM 87499		(505) 326-9700		Basin Dakota	
4. Location of Well (Footage, Sec., T.,R. Unit L (N		8' FWL, Sec. 6, T27N, R4W	11. Country or Parish, State Rio Arriba	, New Mexico	
12. CHECK T	HE APPROPRIATE BOX(	ES) TO INDICATE NATURE OF	NOTICE, REPORT OR OT	THER DATA	
TYPE OF SUBMISSION TYPE OF AG			ACTION	CTION	
Notice of Intent  X Subsequent Report  Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (Start/Resume) Reclamation Recomplete Temporarily Abandon Water Disposal	Water Shut-Off Well Integrity X Other Wellhead Repair	
pkr & set @ 30'. Test- w/ pkr @ 30'. PT csg f secondary seal bushir from Surface to RBP @ Perrin) of intermediate pressure with witness	Failed. Set RBP @ 80 rom 30' - 8018' to 600# rom 30' - 8018' to 600# g. Test seals w/ pump g 8018' 500#/30min. Test pressure of 20# discorded BH tests when the coval received. 10/28/18	PT BOPE. Test - OK. POOH 18'. Set pkr @ 4860'. PT to 1/30min. Test - OK. 10/26/15 ot 0 1500#. Test - OK. PT BO 1/95 - OK. 10/27/15. POOH w/overed. Bled off immediately rig moves off, 30 days, 90 days,	500#/30min. Test - OK. ND WH. Install top bus PE to 1200#/30min. Te RBP@ 8018'. Notified y. Requested permissi ays and 6 months to de 3/8", 4.7#, J-55 tbg set  ACCEPTED FOR	POOH w/ pkr. RIH shing. NU tbg head w/ est -OK. PT WH & Csg NMOCD (Charlie ion to monitor etermine if further @ 8252' w/ F-Nipple RECORD	
14. I hereby certify that the foregoing is true and correct. Name (Printed/T)  Crystal Walker		Typed)	Regulatory Coordinator		
Signatur Salad	2 Walker	Date 11/2	115		
	THIS SPACE	FOR FEDERAL OR STATE	OFFICE USE		
Approved by  Conditions of approval, if any, are attach that the applicant holds legal or equitable entitle the applicant to conduct operation	title to those rights in the subject			Date	
	U.S.C. Section 1212, make it a	crime for any person knowingly and willf r within its jurisdiction.	ully to make to any department or	agency of the United States any	

(Instruction on page 2)

NMOCD

