sammitted in lieu of Form 3160-5

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

	Sundry Notices and Reports on Wells	2006 MAR 13 PM 4 26		
		RECEIVED	5.	Lease Number
		070 FARMINGTON NM	_	NMSF-078943
1.	Type of Well GAS	OTO TAKINING TOWN	6.	If Indian, All. or Tribe Name
2.	Name of Operator		7.	Unit Agreement Name
~.	BURLINGTON			
	RESCURCES OIL & GAS COMPANY	Y LP (10/20/21/27)		San Juan 29-7 Unit
1	Address & Phone No. of Operator	AS DAND DOOR	~ 8.	Well Name & Number
3.	Address & Fhone No. of Operator	MAR 2008		San Juan 29-7 Unit #46C
	PO Box 4289, Farmington, NM 87499 (505) 326-9	700 EOLA DIV. S	9.	API Well No.
1	Location of Wall Footogs See T D M	E CISI. 3		30-039-29730
٦.	Location of Well, Footage, Sec., T, R, M Sec., TN, RW, NMPM	666887873	10.	Field and Pool
	Unit P (SESE), 1045' FSL & 740' FEL, Sec. 6, T29N, R7W NMPM		Blanco Mesaverde/ Basin Dakot	
	Unit P (SESE), 1045 FSL & /40 FEL, Sec. 0, 12	29N, R/W NIVIPIVI	11.	County and State
				Rio Arriba Co., NM
	Notice of IntentAbandonment	Change of Plans New Construction Non-Routine Fracturing Water Shut off Conversion to Injection	-	X - Other - Spud Report
				
13.	Describe Proposed or Completed Operations			
STa Dro 15s	706 MIRU Mote #1. Spud 12-1/4" hole @ 0900 3/8/0 &C csg & set @ 134'. Pumped preflush of 6bbls H2O p plug and displace w/7bbls H2O. Cement did not cirks(21cu-4bbls)Type 1-2 Portland neat cmt. Circulated drilling and reported on next report.	D. Pumped 51sxs(81cu-14bbls)Type 1-2 rculate. WOC. Install 3/4" PVC to tag cr	2 Portlai nt. Tagg	nd cmt w/20% flyash. ged @ 37'. Mix and pump
ΑP	D/ROW Process			
	I hereby certify that the foregoing is true and corr	rect.		
Sig	med Lymondocandour	Amanda Sandoval Title Regul	latory A	SSISTANT III Date 3/9/06
	in among for Forderel on State Office			
	is space for Federal or State Office use) PROVED BY	l'itle		Date MAR 1 7 2006
CO	NDITION OF APPROVAL, if any:			FARMINGTON FIELD OFFICE
Title the U	8 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make ited States any false, fictuious or fraudulent statements or representations as to any matter.	e any department or agency of er within its jurisdiction.		BY OFFICE