

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2003 AUG 25 PM 5:46 Lease Number SF-078433
~~14-20-603-768~~

070 Farmington, NM If Indian, All. or
Tribe Name
Navajo

7. Unit Agreement Name

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

2240' FSL, 845' FWL, Sec. 6, T-26-N, R-8-W, NMPM

8. Well Name & Number

Navajo Indian 6A

9. API Well No.

30-045-23264

10. Field and Pool

Basin Fruitland Coal

11. County and State

San Juan Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

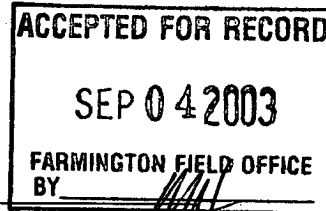
Type of Submission

Type of Action

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input 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 - Tubing Repair	

13. Describe Proposed or Completed Operations

08/18/03 MIRU. Spot Equip. Kill Well, ND WH, NU BOP's. Shut well in. SDFN.
08/19/03 TIH, Tag 5' Fill. Circulate & CO to PBTD @ 2000'. Circ Clean. Pump 500 gal acid down 2 3/8" tbg. Displace w/8 bbl water. Pull end tbg above perf's. Let acid soak. TIH W/tbg & tag PBTD, no fill, circ w/air. Pull above perf's and flow well. TIH & tag for fill, tag 5' fill. Circ w/air. CO to PBTD. SDFN.
08/20/03 Blow well & Clean. Pull tbg up hole & land @ 1919'. ND BOP's, NU WH. Pump off Exp Check, Circ w/air. Rig Down. Rig Released.



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

Signed [Signature] Title Regulatory Supervisor Date 08/21/03
fsb

(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