

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
1660' FSL, 1480' FWL, Sec. 14, T-25-N, R-6-W, NMPM

5. Lease Number
SF-078884

6. If Indian, All. or Tribe Name

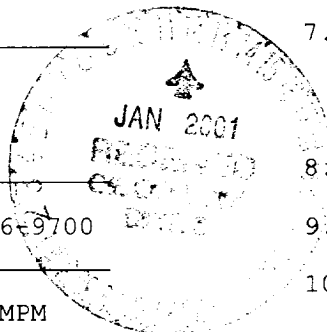
7. Unit Agreement Name
Canyon Largo Unit

8. Well Name & Number
Canyon Largo U #449

9. API Well No.
30-039-26370

10. Field and Pool
Basin Dakota

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 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 -	

13. Describe Proposed or Completed Operations

12-22-00 Drill to TD @ 7140'. Circ hole clean. TOOH. TIH, attempt to run logs. TOOH. TIH w/bit to 6650'.

12-23-00 TIH. Circ hole clean. TOOH. TIH, ran logs. TOOH. TIH, circ hole clean.

12-24-00 Circ hole clean. TOOH. TIH w/166 jts 4 1/2" 10.5# J-55 ST&C csg, set @ 7134'. Pump 20 bbl wtr, 20 bbl chemical wash, 20 bbl wtr ahead. Cmt d w/950 sx Litecrete w/0.11% dispersant, 0.5% fluid loss (2394 cu.ft.). Tailed w/380 sx Class "G" 50/50 poz 5% gel, 5 pps Gilsonite, 0.25 pps Celloflake, 0.25 pps fluid loss, 0.15% dispersant, 0.1% retardant, 0.1% Antifoamer (547 cu.ft.). Displace w/113 bbl wtr. Circ 42 bbl cmt to surface. WOC. PT csg to 3800 psi/15 min, OK. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Supervisor

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

