

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells

98 AUG 18 PM 1:25

070 FARMINGTON, NM

1. Type of Well
(GAS)

5. Lease Number
SF-079393
6. If Indian, All. or
Tribe Name

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

RECEIVED
AUG 28 1998

Unit Agreement Name
San Juan 27-5 Unit

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

OIL CON. DIV.
DIST. 3

8. Well Name & Number
San Juan 27-5 U #45A
9. API Well No.
30-039-23702

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

1190' FNL, 2040' FWL, Sec. 6, T-27-N, R-5-W, NMPM

10. Field and Pool
Blanco Mesaverde
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 - Spinner Survey	

13. Describe Proposed or Completed Operations

7-21-98 MIRU. ND WH. NU BOP. TIH. TOOH w/2 3/8" tbg. TIH w/spinner.
Attempt spinner survey, making too much snd. Run temp log across
Lewis interval, tag up @ 5582'. Top of fluid @ 5820'. TIH w/
181 jts 2 3/8" 4.7# J-55 tbg, landed @ 5829'. ND BOP. NU WH.
RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 8/17/98

ACCEPTED FOR RECORD

AUG 21 1998

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date _____

CONDITION OF APPROVAL, if any:

DISTRICT OFFICE
[Signature]

NMCOO