submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
97 DEC 4 PM 1:30
070 FARMINGTON, NM

Sundry Notices and Reports on Wells

1. **Type of Well**
GAS

5. **Lease Number**
SF-079049C

6. **If Indian, All. or Tribe Name**

7. **Unit Agreement Name**

2. **Name of Operator**
BURLINGTON RESOURCES OIL & GAS COMPANY

San Juan 28-6 Unit

8. **Well Name & Number**
San Juan 28-6 U #205M

3. **Address & Phone No. of Operator**
PO Box 4289, Farmington, NM 87499 (505) 326-9700

9. **API Well No.**
30-039-25708

4. **Location of Well, Footage, Sec., T, R, M**
1570'FNL, 2415'FWL, Sec.9, T-27-N, R-6-W, NMPM

10. **Field and Pool**
Blanco MV/Basin DK

11. **County and State**
Rio Arriba Co, NM

NSL-3808, DHC-1499

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

Type of Submission	Type of Action		
___ Notice of Intent	___ Abandonment	___ Recompletion	___ Plugging Back
_X_ Subsequent Report	___ Casing Repair	___ Altering Casing	_X_ Other - CBL
___ Final Abandonment	___ Change of Plans	___ New Construction	___ Non-Routine Fracturing
	___ Water Shut off	___ Conversion to Injection	

13. **Describe Proposed or Completed Operations**

11-15-97 MIRU. TIH, drill out cmt @ 7540-7648' w/2% Kcl wtr. Circ hole clean. TOOH. PT csg to 1000 psi/15 min, OK. SDON.

11-16-97 TOOH. TIH, ran CNL-GR @ 2000-7659', GR @ 0-2000'. CBL-GR @ 1850-7659', TOC on 4 1/2" csg @ 2190'. TOOH. PT 4 1/2" csg to 4100 psi, OK.

11-18-97 TIH, chemical cut 4 1/2" csg @ 2021'. TOOH w/48 jts 4 1/2" csg. TIH w/4 3/4" swedge to top of 4 1/2" lnr @ 2021'. Work swedge on lnr top. TOOH w/swedge.

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DEC - 9 1997
OIL CON. DIV.
DIST. 3

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

Signed [signature] Title Regulatory Administrator Date 11/23/97

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD
DEC 05 1997
FARMINGTON DISTRICT OFFICE
BY [signature]

NMOCD

PRODUCTION ALLOCATION FORMULA USING FLOW TEST INFORMATION

San Juan 28-6 Unit #205M
(Mesaverde/Dakota)Commingle
Unit C, 9-T27N-R06W
Rio Arriba County, New Mexico

Allocation Formula Method:

3 Hour Flow Test from Mesaverde = 759 MCFD & 0.0 BO

3 Hour Flow Test from Dakota = 494 MCFD & 0.0 BO

GAS:

$$\frac{\textit{(MV) 759 MCFD}}{\textit{(MV \& DK) 1253 MCFD}} = \text{(MV) \% Mesaverde 61\%}$$

$$\frac{\textit{(DK) 494 MCFD}}{\textit{(MV \& DK) 1253 MCFD}} = \text{(DK) \% Dakota 39\%}$$

OIL:

$$\frac{\textit{(MV) 0.0 BO}}{\textit{(MV \& DK) 0.0 BO}} = \text{(MV) \% Mesaverde 50\%}$$

$$\frac{\textit{(DK) 0.0 BO}}{\textit{(MV \& DK) 0.0 BO}} = \text{(DK) \% Dakota 50\%}$$

Control Number: 015304 POINT OF DISPOSITION AND WELL COMPLETION INFORMATION

OGRID: 014538 Operator Name: MERIDIAN OIL INC
801 CHERRY ST FORT WORTH TX 76102

C-115 Filer Contact Name: _____ Phone: (___) _____ FAX: (___) _____

POD: 1514210 Product Type: OIL Facility Type: 03 Location: P 22 29N 10W County SAN JUAN

	OGRID	Name	OGRID	Name
Authorized Transporter(s):	014546	MERIDIAN OIL INC.	____	_____
	____	_____		

Description of POD (40 characters or less): _____

POD: 1514230 Product Type: GAS Facility Type: 01 Location: P 22 29N 10W County SAN JUAN

	OGRID	Name	OGRID	Name
Authorized Transporter(s):	007057	EL PASO NATURAL GAS COMPANY	____	_____
	____	_____		

Description of POD (40 characters or less): _____

POD: 1514250 Product Type: WATER Facility Type: 05 Location: P 22 29N 10W County SAN JUAN

Description of POD (40 characters or less): _____

WELL COMPLETIONS

Code	Pool Name	Code	Producing Property Name		API Well No.	Location	Well
71599	BASIN DAKOTA (PRORATED GAS)	006781	ALBRIGHT	√	30-045-25057	P 22 29N 10W	007E

Blanco MV