

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

## Sundry Notices and Reports on Wells

1. Type of Well  
GAS

2. Name of Operator

**BURLINGTON**  
**RESOURCES**

OIL &amp; GAS COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 866-9588

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

1560' FSL, 1680' FEL, Sec. 33, T-27-N, R-4-W, NM

DHC-1861

98 AUG 24 PM 1:09

070 FARMINGTON, NM

5. Lease Number  
SF-080675
6. If Indian, All. or  
Tribe Name
7. Unit Agreement Name
8. Well Name & Number  
San Juan 27-4 U #37M
9. API Well No.  
30-039- 25933
10. Field and Pool  
Blanco MV/Basin DK
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 checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment                | <input checked="" type="checkbox"/> Change of Plans |
| <input 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 checked="" type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection    |
|  | <input type="checkbox"/> Other -                    |   |

## 13. Describe Proposed or Completed Operations

It is intended to alter the approved surface casing depth and cement of the subject well. The new surface casing depth will be at approximately 500'.

## Revisions:

## Casing Program:

Hole Size	Depth Interval	Casing Size	Weight	Grade
12 1/4"	0-500'	9 5/8"	32.3#	WC-50

## Cementing Program:

9 5/8" surface casing - 487 sx Class "B" cement with 0.25 pps Flocele and 3% calcium chloride (575 cu.ft. of slurry, 267% excess to circulate to surface). WOC 12 hours. Test casing to 600 psi/30 minutes.

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

Signed Deane W. Spencer Title Regulatory Administrator Date 8/20/98

(This space for Field Office use)

APPROVED BY /s/ Duane W. Spencer Title \_\_\_\_\_

Date Aug 31 1998

CONDITION OF APPROVAL, if any: