

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells 27 11 1:52

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

395' FSL, 870' FWL, Sec. 9, T-27-N, R-4-W, NMPM

5. Lease Number

SF-080668

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

San Juan 27-4 Unit

8. Well Name & Number

San Juan 27-4 U #134B

9. API Well No.

30-039-26431

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 checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input 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 casing depths and cement of the subject well.

Revisions:

Mud Program:

Interval	Type	Weight	Fluid Loss
200-3770'	LSND	8.4-9.0	No control

Casing Program:

Hole Size	Depth Interval	Casing Size	Weight	Grade
8 3/4"	0-3770'	7"	20.0#	J-55

Cementing Program:

7" intermediate casing - lead w/352 sx Class "B" cement with 3% sodium metasilicate, 10 pps Gilsonite, 0.5 pps Flocele. Tail with 90 sx Class "B" 50/50 poz w/2% gel, 2% calcium chloride, 5 pps Gilsonite, 0.25 pps Flocele, 0.1% antifoam (1134 cu.ft. of slurry, 125% excess to circulate to surface).

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

Signed Donna C. Call (45) Title Regulatory Supervisor Date 8/28/00

(This space for Federal or State Office use)

APPROVED BY /s/ Jim Lovato Title _____ Date SEP 18 2000

CONDITION OF APPROVAL, if any: