

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

1680' FSL, 1875' FWL Sec. 7, T-27-N, R-6-W, NMPM

5. Lease Number  
NMNM-03583

6. If Indian, All. or  
Tribe Name

7. Unit Agreement Name

San Juan 28-6 Unit

8. Well Name & Number

San Juan 28-6 U #233

9. API Well No.

30-039-26829

10. Field and Pool

So Blanco Pict Cliffs

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 a minimum of 120'. This is the result of the meeting with the Bureau of Land Management, Oil Conservation Division and Burlington Resources on 6-24-02.

Revisions:

Mud Program:

Interval	Type	Weight	Fluid Loss
0-120'	Spud	8.4-8.9	No control

Casing Program:

Hole Size	Depth Interval	Casing Size	Weight	Grade
9 7/8"	0-120'	7"	20#	J-55

Cementing Program:

7" surface casing - 27 sx Class a, B Portland Type I, II cement (32 cu.ft. of slurry, bring cement to surface through 3/4" line).

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

Signed [Signature] Title Regulatory Supervisor Date 6/28/02

(This space for Federal or State Office use)

APPROVED BY /s/ Jim Lovato Title \_\_\_\_\_ Date AUG - 2

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD