

submitted in lieu of Form 3160-5

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
996' FNL, 1160' FEL, Sec.12, T-27-N, R-5-W, NMPM
A

5. Lease Number
SF-079491

6. If Indian, All. or Tribe Name

7. Unit Agreement Name
San Juan 27-5 Unit

8. Well Name & Number
San Juan 27-5 U #104

9. API Well No.
30-039-20049

10. Field and Pool
Basin Dakota

11. County and State
Rio Arriba County, NM

RECEIVED
MAY 28 1999
OIL CON. DIV.
FNL 3

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 type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| | <input checked="" type="checkbox"/> Other - Tubing Repair | |

13. Describe Proposed or Completed Operations

It is intended to repair the tubing in the subject well according to the attached procedure.

070 FARMINGTON, NM
MAY 24 PM 1:57

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

Signed *Deane W. Spencer* Title Regulatory Administrator Date 5/21/99
trc

(This space for Federal or State Office use)

APPROVED BY /S/ Duane W. Spencer Title Team Lead, Petroleum Division Date MAY 26 1999
CONDITION OF APPROVAL, if any:

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

NMOCD