

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

07 DEC 83 PM 4:45
09017 11/18/97, 801

5. Lease Number
SF-079250
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name

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

1650' FNL, 1500' FEL, Sec. 17, T-28-N, R-5-W, NMPM

8. Well Name & Number
San Juan 28-5 U #75
9. API Well No.
30-039-20108
10. Field and Pool
Basin Dakota
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 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.

RECEIVED
DEC 11 1997
OIL CON. DIV.
DIST. 3

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

Signed *[Signature]* (ROS8) Title Regulatory Administrator Date 12/7/97

(This space for Federal or State Office use)

APPROVED BY *[Signature]* Title _____ Date DEC - 9 1997

CONDITION OF APPROVAL, if any:

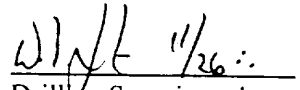
NMOC

San Juan 28-5 Unit # 75
Dakota
1650' FNL 1500' FEL
Unit G, Section 17, T-28-N, R-05-W
Latitude / Longitude: 36° 40.82' / 107° 49.74'
DPNO: 51748A
Tubing Repair Procedure

1. Hold safety meeting. Comply with all NMOCD, BLM and Burlington safety and environmental regulations. Test rig anchors and build blow pit prior to moving in rig. **Notify BROG Regulatory (Peggy Bradfield 326-9727) and the appropriate Regulatory Agency prior to pumping any cement job. If an unplanned cement job is required, approval is required before the job can be pumped. If verbal approval is obtained, document approval in DIMS/WIMS.** Allow as much time as possible prior to pump time in case the Agency decides to witness the cement job.
2. MOL and RU workover rig. Obtain and record all wellhead pressures. NU relief line. Blow well down and kill with 2% KCL water if necessary. NU BOP with stripping head. Test and record operation of BOP rams. Have wellhead and valves serviced as necessary. Test secondary seal and replace/install as necessary.
3. Release donut, pick up additional joints of tubing and tag bottom. (Record depth.) TOO H with tubing. Visually inspect tubing for corrosion and replace any bad joints. Check tubing for scale build up and notify Operations Engineer.
4. If casing requires clean out, TIH with bit and bit sub and CO to PBTD prior to running casing scraper. Roundtrip casing scraper and bit to below perforations. (Do not clean out with casing scraper.) PU above perforations and flow the well naturally, making short trips for clean up when necessary. TOO H.
5. TIH with 2-3/8" tubing with an expendable check on bottom and a seating nipple one joint off bottom. Rabbit all tubing. CO to PBTD.
6. Land tubing near 7888'. ND BOP and NU wellhead. Pump off expendable check. Obtain final pitot gauge up the tubing. If well will not flow on its own, make swab run to seating nipple. If a swab run is not necessary, run a broach on slickline to ensure that the tubing is clear. RD and MOL. Return well to production.

Recommended: 
Operations Engineer

Rob Stanfield
Office - (326-9715)
Home - (327-7646)
Pager - (324-2674)

Approved: 
Drilling Superintendent