

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

Sundry Notices and Reports on Wells

97 JUL 22 AM 11:33

1. Type of Well  
GAS

070 FARMINGTON, NM

5. Lease Number  
SF-079521A
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

900' FSL, 1815' FEL, Sec. 28, T-28-N, R-5-W, NMPM

DHC-1583

8. Well Name & Number  
San Juan 28-5 Unit  
San Juan 28-5 U #65M
9. API Well No.  
30-039-25645
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 type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment            | <input type="checkbox"/> Change of Plans         |
| <input checked="" 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 - CBL |  |

13. Describe Proposed or Completed Operations

- 5-8-97 MIRU. Ran CNL @ 2000-7839'. Ran CBL-CCL-GR @ 2800-7839', TOC on 4 1/2" csg @ 3035'. RD.
- 7-14-97 MIRU. ND WH. NU BOP. Load hole w/2% KCl wtr. TIH w/chemical cutter. Chemical cut 4 1/2" csg @ 2623'. TOOH w/4 1/2" csg. TIH w/RBP, set @ 2900'. Ran CBL-CCL-GR @ 900-2900', TOC on 7" csg @ 1140'. TOOH w/RBP.

RECEIVED  
AUG 1 1997

ACCEPTED FOR RECORD

AUG 12 1997

FARMINGTON DISTRICT OFFICE

BY [Signature]

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

Signed

[Signature]

Title Regulatory Administrator Date 7/21/97

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any: