

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY</p> <hr/> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 2065' FSL, 2005' FEL, Sec. 34, T-28-N, R-6-W, NMPM NSL-3847, DHC-1728</p>	<p>5. Lease Number SF-079051</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name San Juan 28-6 Unit</p> <p>8. Well Name & Number San Juan 28-6 U #151M</p> <p>9. API Well No. 30-039-25748</p> <p>10. Field and Pool Blanco MV/Basin DK</p> <p>11. County and State Rio Arriba Co, NM</p>
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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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other - CBL
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

11-14-97 MIRU. TIH, ran CBL @ 2500-7846', TOC on 4 1/2" csg @ 2620'. TOOH. RD.
 12-8-97 MIRU. ND WH. NU BOP. TIH to 7846'. Spot 10 bbl 28% Hcl @ 7216-7846'. SDON.
 12-11-97 TIH w/CIBP, set @ 3000'. PT CIBP to 1500 psi/15 min, OK.
 12-12-97 TIH w/free point. TOOH. TIH w/chemical cutter. Chemical cut 4 1/2" csg @ 2467'. TOOH w/58 jts 4 1/2" csg. TIH w/4 3/4" csg swedge. Work swedge on 4 1/2" lnr top @ 2467'. TOOH w/swedge. TIH w/mill. SD for weekend.
 12-15-97 TIH w/3 7/8" mill. Mill CIBP @ 3000'. TOOH w/mill.

RECEIVED
JAN 23 1998
OIL CON. DIV.
DIST. 3

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

Signed *Deann Stubbins* Title Regulatory Administrator Date 1/5/98

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

JAN 27 1998

FARMINGTON DISTRICT OFFICE

BY _____

NMOCD

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