

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
1155'FSL, 1450'FEL, Sec.7, T-28-N, R-9-W, NMPM

5. Lease Number
NM-01772-A

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Reid #14

9. API Well No.
30-045-07570

10. Field and Pool
Aztec PC/Basin FTC

11. County and State
San Juan 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"/> 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 -
	<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

8-17-00 MIRU. ND WH. NU BOP. TOO H w/2 3/8" tbg. TIH w/pkr, set @ 1920'. SDON.
8-18-00 PT csg to 500 psi, leak. Rls pkr & TOO H. TIH w/67 jts 2 3/8" 4.7# J-55
tbg, set @ 2100'. SN @ 2070'. ND BOP. NU WH. RD. Rig released.

Will repair casing at a later date.

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

Signed *Danny Case* Title Regulatory Supervisor Date 10/31/00
TLW

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date ACCP **FOR RECORD**

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.

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FAH BY *sm* OFFICE

NMOCD