

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

790' FNL, 1850' FEL, Sec. 26, T-27-N, R-11-W, NMPM

B

5. Lease Number

SF-078092

6. If Indian, All. or  
Tribe Name

Unit Agreement Name

8. Well Name & Number

Douthit #4R

9. API Well No.

30-045-29724

10. Field and Pool

West Kutz Pict'd Cliffs

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 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 - Spud, casing, and cement	

13. Describe Proposed or Completed Operations

5-7-99 MIRU. Spud well @ 9:30 pm 5-7-99. Drill to 140'. Circ hole clean. TOOH. TIH w/3 jts 7" 20# J-55 csg, set @ 138'. Cmt'd w/50 sx Class "B" neat cmt w/3% calcium chloride, 0.25 pps Flocele (59 cu ft). Circ 6 bbl cmt to surface. WOC. NU BOP. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

5-9-99 Drill to TD @ 2259'. Circ hole clean. TOOH. TIH w/71 jts 3 1/2" 9.3# J-55 csg, set @ 2249'. Cmt'd w/208 sx Class "B" neat cmt w/3% D-79, 5 pps D-42, 0.25 pps Flocele, 0.1% D-46 (605 cu ft). Tailed w/90 sx Class "B" 50/50 poz w/2% gel, 5 pps D-42, 2% S1, 0.25 pps Flocele, 0.1% D-46 (126 cu ft). Circ 15 bbl cmt to surface. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 5/18/99

vkh

(This space for Federal or State Office use)

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

CONDITION OF APPROVAL, if any:

MAY 21 1999