

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

2001 MAR 6 PM 2:15

1. Type of Well
GAS

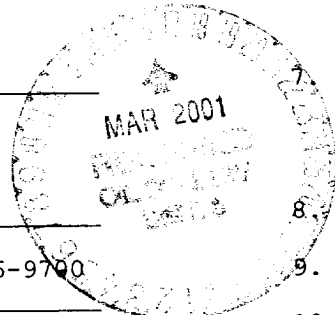
2. Name of Operator
BURLINGTON RESOURCES OIL & GAS COMPANY

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
1140' FSL, 1180' FWL, Sec.24, T-27-N, R-9-W, NMPM

5. Lease Number
~~NAV-8065211~~ N 27-27-N 9-W
6. If Indian, All. or Tribe Name
Navajo
Unit Agreement Name
Huerfanito Unit

8. Well Name & Number
Huerfanito Unit #45R
9. API Well No.
30-045-30480
10. Field and Pool
Blanco PC South
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, & cement	

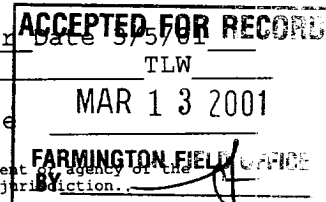
13. Describe Proposed or Completed Operations

- 2-28-01 MIRU. Spud well @ 4:00 pm 2-28-01. Drill to 146'. Circ hole clean. TOO. TIH w/3 jts 7" 20# J-55 ST&C csg, set @ 135'. Cmt w/60 sx Class "B" neat w/3% calcium chloride, 0.25 pps celloflake (71 cu ft). Circ 4 bbl cmt to surface. WOC.
- 3-1-01 NU BOP. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.
- 3-2-01 Drill to TD @ 2325'. Circ hole clean. TOO. TIH w/75 jts 2 7/8" 6.5# J-55 EUE csg, set @ 2320'.
- 3-3-01 Cmt w/306 sx Type III 65/35 pos w/8% gel, 3% calcium chloride, 0.25 pps flocele, 5 pps LCM-1, 0.4% fluid loss, 0.4% sodium metasilicate (652 cu ft). Tail w/90 sx Type III cmt w/1% calcium chloride, 0.25 pps celloflake, 0.2% fluid loss (124 cu ft). Circ 14 bbl cmt to surf. ND WH. NU BOP. RD. Rig released.

APD ROW Related

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

Signed [Signature] Title Regulatory Supervisor



(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____

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.

NMAOCD