

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
1795' FSL, 1510' FWL, Sec.1, T-29-N, R-7-W, NMPM
R-10720

RECEIVED
OIL MANAGEMENT DIV.

5. Lease Number
SF-078945
6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

San Juan 29-7 Unit
8. Well Name & Number
San Juan 29-7 U #85B
9. API Well No.
30-039-25667
10. Field and Pool
Blanco Mesaverde
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 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 -
	<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

- 6-13-97 Drill to intermediate TD @ 4600'. Circ hole clean. TOOH. TIH w/112 jts 7" 20# J-55 8RD ST&C csg, set @ 4594'.
- 6-14-97 Cmtd first stage w/97 sx Class "B" 50/50 poz w/2% gel, 2% calcium chloride, 0.25 pps Flocele, 5 pps Gilsonite (225 cu.ft.). Circ 15 bbl cmt to surface. Stage tool set @ 4105'. Cmtd second stage w/558 sx Class "B" 65/35 poz w/6% gel, 2% calcium chloride, 0.25 pps Flocele, 5 pps Gilsonite (1032 cu.ft.). Tailed w/100 sx Class "B" neat cmt w/2% calcium chloride, 0.25 pps Flocele (115 cu.ft.). No cmt circ to surface. WOC. PT BOP & csg to 1500 psi/30 min, OK. Drilling ahead.

RECEIVED
OIL MANAGEMENT DIV.
JUN 23 1997

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

Signed [Signature] Title Regulatory Administrator Date 6/16/97

(This space for Federal or State Office use)
APPROVED BY _____ Title _____ Date _____
CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

JUN 23 1997

NMOCD

FARMINGTON DISTRICT OFFICE
BY [Signature]