

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED
AUG 17 PM 2:03
OIL CON. DIV. NM
DIST. 3

1. Type of Well
GAS

Lease Number
SF-078943
If Indian, All. or
Tribe Name

2. Name of Operator

**BURLINGTON
RESOURCES** OIL & GAS COMPANY

Unit Agreement Name

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

RECEIVED
AUG 30 1999
OIL CON. DIV.
DIST. 3

San Juan 29-7 Unit
8. Well Name & Number
San Juan 29-7 U #46B
9. API Well No.
30-039-26142
10. Field and Pool
Blanco Mesaverde
11. County and State
Rio Arriba Co, NM

4. Location of Well, Footage, Sec., T, R, M

685' FNL, 205' FEL, Sec.6, T-29-N, R-7-W, NMPM

R-10987A

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 checked="" type="checkbox"/> Change of Plans
<input 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 checked="" type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to alter the approved surface casing depth and cement of the subject well. The new surface casing depth will be a minimum of 120'.

Revisions:

Mud Program:

<u>Interval</u>	<u>Type</u>	<u>Weight</u>	<u>Fluid Loss</u>
0-120'	Spud	8.4-8.9	No control

Casing Program:

<u>Hole Size</u>	<u>Depth Interval</u>	<u>Casing Size</u>	<u>Weight</u>	<u>Grade</u>
12 1/4"	0-120'	9 5/8"	32.3#	H-40

Cementing Program:

9 5/8" surface casing - 96 sx Class "B" cement with 0.25 pps Flocele and 3% calcium chloride (113 cu.ft. of slurry, 200% excess to circulate to surface). WOC 8 hours. Test casing to 600 psi/30 minutes.

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

Signed [Signature] Title Regulatory Administrator Date 8/16/99

(This space for Federal or State Office use) APPROVED BY [Signature] Title [Signature] Date AUG 27 1999

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.