

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells: 27

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  
1550' FNL, 1750' FEL, Sec. 2, T-29-N, R-11-W, NMPM

5. Lease Number  
SF-080469

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Murphy A Com B #3

9. API Well No.  
30-045-08790

10. Field and Pool  
Aztec Pictured 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 - Restimulate	

13. Describe Proposed or Completed Operations

10-30-98 MIRU.  
11-1-98 ND WH. NU BOP. TOOH w/1 1/4" tbgs. SDON.  
11-3-98 ND BOP. ND WH. PT 2 7/8" csg to 4500 psi/30 min. NU WH. NU BOP.  
TIH, tag up @ 1890'. CO to 2112'. SDON.  
11-4-98 CO to PBTD @ 2170'. Circ hole clean. TOOH. ND BOP. ND WH. RD. Rig rlsd.  
11-21-98 PT surf lines to 6000 psi. Frac PC w/330 bbl 20# linear gel, 137,000#  
16/30 AZ snd, 205,676 SCF N2. Flow back well.  
11-22/12-15-98 Flow well.  
12-16-98 TIH, tag up @ 2100'. CO to 2130', PBTD @ 2170'. SDON.  
12-17/20-98 Flow well.  
12-21-98 Tag up @ 2138'. CO to PBTD. Flow well. Well turned to production.

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

Signed [Signature] Title Regulatory Administrator Date JAN 07 1990

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date JAN 07 1990

CONDITION OF APPROVAL, if any: