

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

- | | |
|---|---|
| <p>1. Type of Well
GAS</p> <hr/> <p>2. Name of Operator
BURLINGTON
RESOURCES OIL & GAS COMPANY</p> <hr/> <p>3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M
990' FNL, 1650' FWL, Sec. 29, T-30-N, R-9-W, NMPM</p> | <p>5. Lease Number
SF-076934A</p> <p>6. If Indian, All. or
Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number
Mansfield #6</p> <p>9. API Well No.
30-045-09228</p> <p>10. Field and Pool
Blanco Pict. Cliffs</p> <p>11. County and State
San Juan Co, NM</p> |
|---|---|

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 - Tubing repair | |

13. Describe Proposed or Completed Operations

- 2-19-98 MIRU. ND WH. NU BOP. TOO H w/83 jts 1 1/4" tbg. TIH, tag up @ 2728'. Blow well & CO to PBTD @ 2795'. SDON.
- 2-20-98 Blow well & CO. TOO H. TIH w/82 jts 1 1/4" 2.3# J-55 EUE tbg, landed @ 2678'. ND BOP. NU WH. Blow well & CO. RD. Rig released.

RECEIVED
MAR 20 1998
OIL CON. DIV.
DISC 8

RECEIVED
MAR 15 1998
OIL CON. DIV.

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

Signed *Regan Bradfield* Title Regulatory Administrator Date 3/18/98
no

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

CONDITION OF APPROVAL, if any:

Date

ACCEPTED FOR RECORD

MAR 20 1998

NMCCD

FARMINGTON DISTRICT OFFICE
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