

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
PLM

Sundry Notices and Reports on Wells
99 JUL 16 PM 2:22

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

1500' FNL 1840' FEL, Sec. 9, T-30-N, R-10-W, NMPM

5. Lease Number
SF-077730

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Sunray E #4

9. API Well No.

30-045-20853

10. Field and Pool

Blanco 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

☐ Notice of Intent

☐ Abandonment

☐ Change of Plans

☒ Subsequent Report

☐ Recompletion

☐ New Construction

☐ Final Abandonment

☐ Plugging Back

☐ Non-Routine Fracturing

☐ Casing Repair

☐ Water Shut off

☐ Altering Casing

☐ Conversion to Injection

☒ Other - Restimulate

13. Describe Proposed or Completed Operations

6-24-99 RU. TIH, tag up @ 3109'. TOOH. PT 2-7/8" csg to 3700 psi, OK. RD.

7-2-99 RU. PT lines to 4500 psi, OK. Frac PC w/491 bbls 30# linear gel,
637,800 SCF N2, 175,000# 20/40 AZ snd. RD. Flow back well.

7-3/7-7-99 Flow back well. Shut-in well. WO bailer.

7-12-99 RU. Flow back well. TIH w/bailer. Bail snd @ 3124'. TOOH w/bailer. RD. Well turned over to production.

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

Signed [Signature] Title Regulatory Administrator Date 7/14/99

TLW

(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.

NMCCD

RECEIVED
AUG 06 1999
OIL CON. DIV.
DIST. 3

AUG 04 1999

APPROVED BY _____
DISTRICT OFFICE