

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
2495' FSL, 790' FWL, Sec.18, T-31-N, R-9-W, NMPM

5. Lease Number
SF-078438

6. If Indian, All. or Tribe Name

7. Unit Agreement Name
San Juan 32-9 Unit

8. Well Name & Number
San Juan 32-9 U NP #267

9. API Well No.
30-045-27994

10. Field and Pool
Basin Fruitland Coal

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 checked="" 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 type="checkbox"/> Other	

13. Describe Proposed or Completed Operations

10-8-98 MIRU. ND WH. NU BOP. TOOH w/107 jts 2 3/8" tbg. TIH w/7" cmt retainer, set @ 3084'. PT csg to 500 psi/15 min, OK. SDON.

10-9-98 Plug #1 w/34 sx Class "B" neat cmt. Displace @ 3084' to 2907'.
Plug #2 w/36 sx Class "B" neat cmt. Displace @ 2224' to 2037'.
Plug #3 w/28 sx Class "B" neat cmt. Displace @ 658' to 512'.
Plug #4 w/53 sx Class "B" neat cmt. Displace @ 226' to surface.
ND BOP. Dig out & remove WH. Marker installed. RD. Rig released.

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

Signed *Reggie Stubbins* Title Regulatory Administrator Date 10/21/98
vkh

(This space for Federal or State Office use)

APPROVED BY _____ Title _____
CONDITION OF APPROVAL, if any:

Date AC RD

(Signature)

NMOC

FARMINGTON DISTRICT OFFICE
Sim