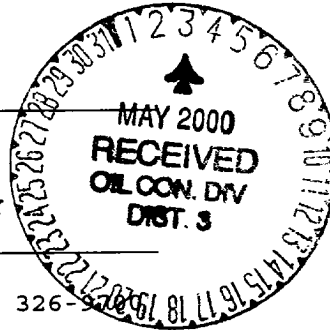


submitted in lieu of Form 3160-5

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) 326-3400
4. Location of Well, Footage, Sec., T, R, M  
945'FSL, 1800'FEL, Sec.18, T-30-N, R-10-W, NMPM
5. Lease Number  
SF-077764
6. If Indian, All. or Tribe Name
7. Unit Agreement Name
8. Well Name & Number  
Schumacher #11M
9. API Well No.  
30-045-30066
10. Field and Pool  
Blanco MV/Basin DK
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 - Spud, casing, & cement |  |

13. Describe Proposed or Completed Operations

- 4-4-00 MIRU. Spud well @ 5:30 pm 4-4-00. Drill to 243'. Circ hole clean. TOOH. TIH w/5 jts 9 5/8" 32.3# WC-50 ST&C csg, set @ 239'. Cmdt w/182 sx Class "B" neat cmt w/3% calcium chloride, 0.5 pps flocele (215 cu ft). Circ 16 bbl cmt to surface. WOC.
- 4-5-00 NU BOP. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

APD ROW Related

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

Signed

*[Signature]*

Title Regulatory Administrator

ACCEPTED FOR RECORD

TLW

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_

Date MAY 01 2000

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.

NMOCO