

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) 326-9700

4. Location of Well, Footage, Sec., T, R, M

880' FSL, 990' FWL, Sec. 20, T-30-N, R-11-W, NMPM

5. Lease Number
SF-078138

6. If Indian, All. or
Tribe Name

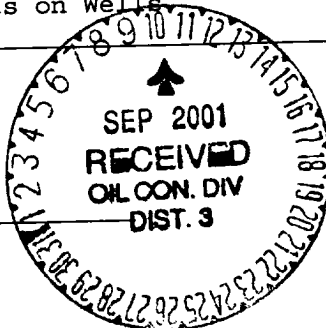
7. Unit Agreement Name

8. Well Name & Number
Morris A #1R

9. API Well No.
30-045-30559

10. Field and Pool
Basin Fruitland Coal/
Blanco Pictured Cliffs

11. County and State
San Juan Co, NM



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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment

Type of Action

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other -
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut off
☐ Conversion to Injection

13. Describe Proposed or Completed Operations

The subject well is a Coiled Tubing Drilling (CTD) pilot project well. The revised BOP specifications are as follows:

BOP and tests (If a coiled tubing drilling (CTD) rig is utilized.):

Surface to TD: 7-1/16" 2000 psi (minimum) Torus annular BOP stack (Reference Figure #1b). Prior to drilling out surface casing, test annular BOP to 600psi/30 min.

Completion: 7-1/16" 2000 psi (minimum) double gate BOP stack (Reference Figure #2). Prior to completion operations, test blind rams and casing to 1500 psi for 30 minutes; all pipe rams and casing to 1500 psi for 30 minutes each. Same as in original APD operations plan.

From surface to TD: choke manifold (Reference Figure #3). Same as in original APD operations plan.

The annular BOP will be actuated to close on drill pipe (coiled tubing) at least once each day and to close on open hole once each trip to test proper functioning.

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

Signed [Signature] Title Regulatory Supervisor Date 9/5/01
TLW

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date 9/7/01

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.

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Figure #1b:

