

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) 326-0700

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

1730' FSL, 1900' FEL, Sec. 9, T-30-N, R-10-W, NMDM

5. Lease Number

NMSF-077730

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Sunray E #1B

9. API Well No.

30-045-30913

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

☐ 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 -

13. Describe Proposed or Completed Operations

1-28-02 Drill to intermediate TD @ 3340'. Circ hole clean. TOOH. TIH w/77 jts 7" 20# J-55 ST&C csg, set @ 3330'. Pump 20 bbl wtr, 20 bbl mud flush, 20 bbl wtr ahead. Cmt'd w/359 sx Class "B" 50/50 blended silicate w/4% calcium chloride, 3% gel (880 cu.ft.). Tailed w/90 sx Class "B" 50/50 poz w/2% gel, 2% calcium chloride, 0.25 pps Celloflake, 5 pps Gilsonite (120 cu.ft.). Displace w/133 bbl wtr. Lost returns. No cmt circ to surface. WOC.

1-29-02 PT BOP & csg to 1500 psi/30 min, OK. Drilling ahead.

1-31-02 Drill to TD @ 7666'. Circ hole clean. TOOH.

2-1-02 TIH w/178 jts 4 1/2" 10.5# J-55 ST&C csg, set @ 7664'. Pump 10 bbl mud flush, 2 bbl wtr ahead. Cmt'd w/440 sx Class "B" 50/50 poz w/3% gel, 0.25 pps Celloflake, 5 pps Gilsonite, 1.4% Halad 9, 0.1% CFR-3, 0.1% HR 5 (647 cu.ft.). Displace w/115 bbl wtr. No cmt circ to surface. WOC. PT csg to 3800 psi/15 min, OK. ND BOP. NU WH. RD. Rig released.

Top of cement will be determined during completion operations.

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

Signed [Signature] Title Regulatory Supervisor Date 2/12/02
no

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: