

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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| <p>1. Type of Well GAS</p> <p>2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M 1650' FNL, 1650' FEL, Sec. 13, T-30-N, R-10-W, NMPM 6</p> | <p>5. Lease Number SF-078128</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Turner Federal #2</p> <p>9. API Well No. 30-045-60206</p> <p>10. Field and Pool Blanco Mesaverde</p> <p>11. County and State San Juan Co, NM</p> |
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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 - Tubing repair | |

13. Describe Proposed or Completed Operations

4-21-97 MIRU. ND WH. NU BOP. TIH, tag fill @ 5500'. TOOH w/184 jts 2 3/8" tbg. TIH w/4 1/2" csg scraper. SDON.

4-22-97 Blow well & CO. TOOH w/csg scraper. TIH w/181 jts 2 3/8" 4.7# J-55 EUE tbg. SDON.

4-23-97 Blow well & CO. Land tbg @ 5535'. ND BOP. NU WH. SDON.

4-24-97 RD. Rig released.

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

Signed *Peggy Brannan* Title Regulatory Administrator

ACCEPTED FOR RECORD

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date JUN 23 1997

CONDITION OF APPROVAL, if any:

NMOC

ADMINISTRATIVE DISTRICT OFFICE
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