

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

1455' FSL, 885' FWL, Sec. 13, T-32-N, R-8-W, NMPM

5. Lease Number
NM-6892

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Reese Mesa #13

9. API Well No.
30-045-29957

10. Field and Pool
Albino Pic. Cliffs

11. County and State
San Juan Co, NM

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 - casing & cement
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut off
☐ Conversion to Injection

13. Describe Proposed or Completed Operations

11-15-99 Drill to TD @ 4450'. Circ hole clean.
11-18-99 TOOH. TIH w/103 jts 4 1/2" 10.5# J-55 ST&C csg, set @ 4430'. Cmdt w/661 sx
Class "B" neat cmt w/3% econolite, 0.25 pps flocele, 5 pps gilsonite
(1924 cu ft). Tail w/90 sx Class "B" neat cmt w/2% gel, 2% calcium
chloride, 10 pps gilsonite, 0.5 pps flocele (127 cu ft). Circ 25 bbl
cmt to surface. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 11/23/99
TLW

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

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.

NMOCD

ACCEPTED FOR RECORD

DEC 01 1999

FARMINGTON FIELD OFFICE
BY [Signature]