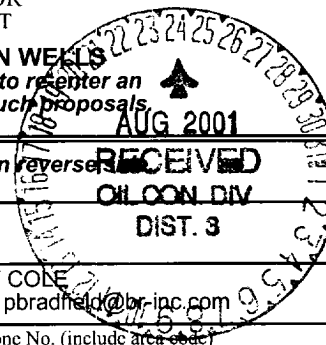


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse**



1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. SF-078459B	
2. Name of Operator BURLINGTON RESOURCES OIL & GAS		6. If Indian, Allottee or Tribe Name	
3a. Address 3401 EAST 30TH FARMINGTON, NM 87402		7. If Unit or CA/Agreement, Name and/or No. ALLISON UNIT	
3b. Phone No. (include area code) Ph: 505.326.9727 Fx: 505.326.9563		8. Well Name and No. ALLISON UNIT 55A	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 10 T32N R7W Mer SWSE 1795FSL 2050FEL		9. API Well No. 30-045-30470	
		10. Field and Pool, or Exploratory BLANCO MESAVERDE	
		11. County or Parish, and State SAN JUAN COUNTY, NM	

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> DRG
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

(7-23-01) Drill to intermediate TD @ 4110'. Circ hole clean. TOO H.

(7-24-01) TIH w/5 jts 7" 23# N80 LT&C csg & 93 jts 7" 20# J55 ST&C csg, set @ 4101'. Cmdt w/549 sx 50/50 Class G/TXI w/2.5% sodium metasilicate, 2% calcium chloride, 10 pps gilsonite, 0.5 pps celloflake, 0.2% antifoam (1416 cu ft). Tail w/90 sx 50/50 Class G poz w/2% gel, 2% calcium chloride, 0.25 pps celloflake, 5 pps gilsonite, 0.1% antifoam (115 cu ft). Circ 64 bbl cmt to surface. PT BOP & csg to 1500 psi/30 min, OK. Drilling ahead.

(7-26-01) Drill to TD @ 6478'. Blow well clean. TOO H. TIH w/58 jts 4-1/2" 10.5# J55 ST&C csg, set @ 6477'. Lnr top @ 3968'. Cmdt w/180 sx 35/65 Premium Lite HSFM w/6% gel, 0.25 pps celloflake, 7 pps CSE, 0.02 pps static free, 6.25 pps LCM-1, 0.7% FL-52, 0.2% CD32 (364 cu ft). Circ 8 bbls cmt to surface. ND BOP. NU WH. RD. Rig released.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #6162 verified by the BLM Well Information System For BURLINGTON RESOURCES OIL &amp; GAS, sent to the Farmington Committed to AFMSS for processing by Lucy Bee on 08/06/2001 ()</b>	
Name (Printed/Typed) PEGGY COLE	Title REPORT AUTHORIZER
Signature	Date

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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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San Juan County