

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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NOV 15 1996

Bureau of Land Management
Durango, Colorado

Sundry Notices and Reports on Wells

1. Type of Well
GAS

~~CONFIDENTIAL~~

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

790' FSL, 1740' FWL, Sec. 30, T-32-N, R-14-W, NMPM

5. Lease Number

751-9~~2~~/0008

6. If Indian, All. or
Tribe Name

Ute Mountain Ute

7. Unit Agreement Name

8. Well Name & Number

Ute Mountain Ute #42

9. API Well No.

30-045-29358

10. Field and Pool

Barker Dome Dst Creek

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 - Spud

13. Describe Proposed or Completed Operations

11-9-96 MIRU. Spud well @ 2:00 a.m. 11-10-96. Drilling ahead.

11-11-96 Drill to 1525'. Circ hole clean. TOOH. TIH w/38 jts 8 5/8" 24# K-55 ST&C csg, set @ 1523'. Circ hole clean.

11-12-96 Pump 30 bbl gel wtr, 40 bbl wtr ahead. Cmt d w/642 sx Class "B" 65/35 poz w/2% calcium chloride, 6% gel, 10 pps Gilsonite, 0.25 pps Flocele (1137 cu.ft.). Tailed w/100 sx Class "B" cmt w/2% calcium chloride, 0.25 pps Flocele (118 cu.ft.). Displace w/95 bbl wtr. Circ 65 bbl cmt to surface. WOC. NU BOP. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

ACCEPTED FOR RECORD

By: Dyl 11-14-96

San Juan Co, NM

Bureau of Land Management

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OIL CON. DIV.
DIST. 3

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

Signed [Signature] Title Regulatory Administrator Date 11/13/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: