

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

RECEIVED
NOV 21 1997

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

820' FNL, 1190' FWL, Sec. 31, T-32-N, R-14-W, NMPM

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5. Lease Number
751-95-0008
6. If Indian, All. or
Tribe Name
Ute Mountain Ute
7. Unit Agreement Name

8. Well Name & Number
Ute Mountain Ute #48
9. API Well No.
30-045-29478
10. Field and Pool
Wildcat Hermosa
Barker Dome Dst Creek
Barker Dome Ismay
Barker Dome Akah/Uppur
Barker Creek
11. County and State
San Juan Co, NM

Bureau of Land Management

12. CHECK APPROPRIATE BOX TO INDICATE TYPE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input checked="" type="checkbox"/> Change of Plans
<input 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 -	

13. Describe Proposed or Completed Operations

It is intended to revise the authorized total depth of the subject well 136', from 9314' to 9450' in order to obtain open-hole logs through the lower Barker Creek formation:

Casing Program:

<u>Hole Size</u>	<u>Depth Interval</u>	<u>Casing Size</u>	<u>Weight</u>	<u>Grade</u>
6 1/4"	0-9450'	5 1/2"	17#	L-80

Cementing Program: (additional tail slurry only, no revision to lead slurry)

5 1/2" production casing - 588 sx Class "G" cement with 0.2% CFR-3, 0.25 pps Cellophane 0.3% Halad-344 (676 cu.ft. of slurry, 100% excess).

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

Signed [Signature] Title Regulatory Administrator Date 11/19/97

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

NMOCB