

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

RECEIVED

DEC 01 2008

Sundry Notices and Reports on Wells

Bureau of Land Management
Farmington Field Office1. Type of Well
GAS

2. Name of Operator

BURLINGTON

RESOURCES OIL & GAS COMPANY LP

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

Surf: Unit P (SESE), 1070' FSL & 945' FEL, Section 25, T27N, R10W, NMPM

5. Lease Number
NM-031986. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Frost 501S

9. API Well No.

30-045-34341

10. Field and Pool
Basin FC/Fulcher Kutz PC11. County and State
San Juan, 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☒ Other - Spud Report☒ Subsequent Report☐ Recompletion☐ New Construction☐ Plugging☐ Non-Routine Fracturing☐ Final Abandonment☐ Casing Repair☐ Water Shut off☐ Altering Casing☐ Conversion to Injection

RCVD DEC 4 '08

OIL CONS. DIV.

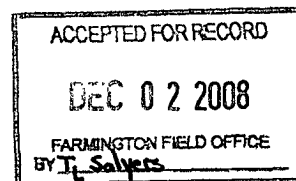
DIST. 3

13. Describe Proposed or Completed Operations

Well Spud date; 09/24/08 MIRU MOTE 209. MU 8.75" & drilled ahead to 139'. Circ hole. RIH w/ 4 jnts, 7" csg, 20#, J-55, ST&C & set @ 134'. Pre-flush w/ 5bbl H2O & Pumped 34sx (54cf-10bbl) Type 3 cmt w/20% Flyash. Drop & displace plug w/4 bbl H2O circ 1 bbl cmt to surface. RD, RR @ 1430hrs on 11/24/08. J

PT will be conducted by drilling rig & reported on next report. J

APD/ROW

**14. I hereby certify that the foregoing is true and correct.**Signed Kelly Jeffery Title Regulatory Technician Date 11/25/08.

(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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCD

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