UNITED STATES DEPARTMENT OF THE INTERIOR ECENTER

BUREAU OF LAND	MANAGEMENT 2: 15
Sundry Notices an	MANAGEMENT PM 2: 15 Id Reports Dir Wells
1. Type of Well GAS	5. Lease Number NM-04226 6. If Indian, All. or Tribe Name
2. Name of Operator	7. Unit Agreement Name
BURLINGTON RESOURCES OIL & GAS O	BSP c 1 1800 Well Name & Number
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499	9. API Well No.
4. Location of Well, Footage, Sec., T, 1557'FSL 1553'FEL, Sec.33, T-26-N,	R, M District 10. Field and Pool
12. CHECK APPROPRIATE BOX TO INDICATE	
R	Type of Action Abandonment Change of Plans Recompletion New Construction Plugging Back Non-Routine Fracturing
Final Abandonment A	Casing Repair Water Shut off Altering Casing Conversion to Injection Other - restimulate
13. Describe Proposed or Completed O	perations
It is intended to restimulate th in the following manner:	ne Pictured Cliffs formation of the subject well
2 7/8" casing to new tota Lead: Class "B" or "G" co Celloflake. Tail: with cl Gilsonite, 0.25 pps Cello	en hole from 2334'-2700'. Run open hole log. Run al depth and cement to surface with 177sx(339 cu.ft.). ement with 2% Econolite, 5 pps Gilsonite, 0.25 pps lass "B" or "G" cement with 1% Econolite, 5 pps oflake. Perforate, acidize, & foam fracture n. Cleanout. Rerun tubing, and restore to production.
14. I hereby certify that the forego	oing is true and correct.
Signed Signed MDW)	Title Regulatory Administrator Date 12/7/98TLW
	Title Date UFL 8 196
CONDITION OF APPROVAL, if any: Title 18 U.S.C. Section 1001, makes it a crime for any person k United States any false, fictitious or fraudulent statements or	mowingly and willfully to make to any department or agency of the representations as to any matter within its jurisdiction.

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