

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

Sundry Notices and Reports on Wells  
98 DEC 9 PM 1:26

070 FARMINGTON, NM

1. Type of Well  
GAS

5. Lease Number  
NM-03154  
6. If Indian, All. or  
Tribe Name  
7. Unit Agreement Name

2. Name of Operator

**BURLINGTON  
RESOURCES** OIL & GAS COMPANY

RECEIVED  
JAN 1 1 1999

3. Address & Phone No. of Operator  
PO Box 4289, Farmington, NM 87499 (505) 326-9700

OIL CON. DIV.  
DIST. 3

4. Location of Well, Footage, Sec., T, R, M  
1650' FNL 990' FWL, Sec.14, T-26-N, R-9-W, NMPM

8. Well Name & Number  
Ballard #6  
9. API Well No.  
30-045-05837  
10. Field and Pool  
Ballard Pictured Cliffs  
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
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment <input 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 - restimulate

13. Describe Proposed or Completed Operations

It is intended to restimulate the Pictured Cliffs formation of the subject well in the following manner:

Pull 1" tubing. Drill open hole from 2029'-2155'. Run open hole log. Run 2 7/8" casing to new total depth and cement to surface with 141sx(264 cu.ft.). Lead: Class "B" or "G" cement with 2% Econolite, 5 pps Gilsonite, 0.25 pps Celloflake. Tail: with class "B" or "G" cement with 1% Econolite, 5 pps Gilsonite, 0.25 pps Celloflake. Perforate, acidize, & foam fracture Pictured Cliffs formation. Cleanout. Rerun tubing, and restore to production.

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

Signed [Signature] (MDW) Title Regulatory Administrator Date 12/7/98  
TLW

(This space for Federal or State Office use)  
APPROVED BY /S/ Duane W. Spencer Title \_\_\_\_\_ Date JAN - 7 1999

CONDITION OF APPROVAL, if any:  
Title 18 U.S.C. Section 1001, makes 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.

NMOCB

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