

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

Sundry Notices and Reports on Wells
98 DEC 14 PM 1:54

1. Type of Well

GAS

Lease Number
NM-0396
6. If Indian, All. or
Tribe Name

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

1650' FNL 1650' FWL, Sec. 4, T-26-N, R-10-W, NMPM

070 FARMINGTON, N.M.
RECEIVED
DEC 21 1998
OIL CON. DIV.
DIST. 3
8. Well Name & Number
Huerfano Unit #63
9. API Well No.
30-045-06058
10. Field and Pool
West Kutz P.C.
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 1/4" tubing. Clean out to plug back total depth at 2350'. Acidize and foam fracture treat the Pictured Cliffs zone. Clean out and rerun tubing. Return well to production.

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

Signed [Signature] (MDW) Title Regulatory Administrator Date 12/14/98
TLW

(This space for Federal or State Office use)

APPROVED BY /s/ Duane W. Spencer Title _____ Date DEC 18 1998

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.

NMOC