

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

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

1185' FNL, 1075' FEL, Sec. 3, T-26-N, R-9-W, NMPM

5. Lease Number
SF-078135

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
Huerfanito Unit

Well Name & Number
Huerfanito U #19R

API Well No.
30-045-29728

10. Field and Pool
Ballard Pict'd 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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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 - Spud, casing, and cement	

13. Describe Proposed or Completed Operations

3-26-99 MIRU. Spud well @ 1:00 pm 3-26-99. Drill to 138'. Circ hole clean. TOOH. TIH w/3 jts 7" 20# J-55 csg, set @ 136' KB. Cmt'd w/50 sx Class "B" neat cmt w/3% calcium chloride, 0.25 pps Flocele (59 cu ft). Circ 4 3/4 bbl cmt to surface. WOC. NU BOP. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

3-27-99 Drill to TD @ 2330'. Circ hole clean. TOOH. TIH w/79 jts 3 1/2" 9.3# J-55 csg, set @ 2323'. Cmt'd w/234 sx Class "B" neat cmt w/3% D-79, 5 pps D-42, 0.25 pps Flocele, 2% S1, 0.1% D-46 (681 cu ft). Tailed w/ 92 sx Class "B" 50/50 poz w/2% Bentonite, 5 pps D-42, 2% S1, 0.25 pps Flocele, 0.1% D-46 (129 cu ft). Circ 67 bbl cmt to surface. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 3/29/99
vkh

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date **ACCEPTED FOR RECORD**
CONDITION OF APPROVAL, if any: