

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY</p> <hr/> <p>7. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M 890' FNL, 790' FWL, Sec.25, T-26-N, R-5-W, NMPM</p>	<p>5. Lease Number Jic Contract 153</p> <p>6. If Indian, All. or Tribe Name Jicarilla Apache</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Jicarilla 153 #8</p> <p>9. API Well No. 30-039-08087</p> <p>10. Field and Pool West Lindrith Gal/DK</p> <p>11. County and State Rio Arriba Co, NM</p>
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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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other - Tubing repair

13. Describe Proposed or Completed Operations

1-12-99 MIRU. ND WH. NU BOP. Tbg stuck. Work tbg loose. TOOH w/10 jts 1 1/2" tbg. SDON.

1-13-99 TOOH w/229 jts 1 1/2" tbg. TIH w/3 7/8" bit. SDON.

1-14-99 Blow well & CO. SDON.

1-15-99 Blow well & CO. Pump 500 gal 15% HCl across Dakota perms. Circ hole clean. TOOH. TIH w/4 1/2" FB pkr, set @ 30'. Install new WH valves. Release pkr, TOOH. TIH. SD for weekend.

1-18-99 Blow well & CO. SDON.

1-19-99 Blow well & CO to PBTD @ 7492'. TOOH. TIH w/238 jts 2 3/8" 4.7# J-55 EUE tbg, landed @ 7434'. ND BOP. NU WH. RD. Rig released.

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

Signed *[Signature]* Title Regulatory Administrator Date 1/20/99

(This space for Federal or State Office use) Lands and Mineral Resources

APPROVED BY *[Signature]* Title Date FEB 4 1999

CONDITION OF APPROVAL, if any: