

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BLM
98 DEC 16 PM 2:16
070 FARMINGTON, NM

Sundry Notices and Reports on Wells

1. Type of Well
GAS

5. Lease Number
SF-080117
6. If Indian, All. or
Tribe Name

2. Name of Operator

7. Unit Agreement Name
Huerfanito Unit

**BURLINGTON
RESOURCES** OIL & GAS COMPANY

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

OIL CON. DIV.
DIST. 3

Well Name & Number
Huerfanito Unit #35
Well No.
30-045-06184

4. Location of Well, Footage, Sec., T, R, M
790' FNL 790' FEL, Sec.34, T-27-N, R-9-W, NMPM

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 2334'-2381'. Run open hole log. Run 3 1/2" casing to new total depth and cement to surface with 120sx(220 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 [Signature] 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.

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