

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

98 DEC -9 PM 1:26

070 FARMINGTON, NM

5. Lease Number

NM-03198

6. If Indian, All. or
Tribe Name

1. Type of Well

GAS

2. Name of Operator

**BURLINGTON
RESOURCES**

OIL & GAS COMPANY

RECEIVED
JAN 15 1999OIL CON. DIV.
DIST. 3

Lease Agreement Name

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

Well Name & Number

Frost #4

9. API Well No.

30-045-06291

4. Location of Well, Footage, Sec., T, R, M

990' FNL 1650' FEL, Sec.25, T-27-N, R-10-W, NMPM

10. Field and Pool

Fulcher 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" tubing. Drill open hole from 2451'-2535'. Run open hole log. Run 2 7/8" casing to new total depth and cement to surface with 157sx(298 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 _____ Title _____ Date 1/12/99

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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NMCCD

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