

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

98 DEC 10 PM 2:07
070 FARMINGTON, NM

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
930' FNL 1840' FEL, Sec.35, T-28-N, R-8-W, NMPM

5. Lease Number
SF-078566-A
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name

RECEIVED
DEC 21 1998
OIL CON. DIV.
DIST. 3

8. Well Name & Number
Howell #8
9. API Well No.
30-045-20336
10. Field and Pool
South Blanco 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"/> 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 - restimulate
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

It is intended to restimulate the Pictured Cliffs formation of the subject well in the following manner:

Clean out to plug back total depth at 2807'. Acidize and foam fracture treat the Pictured Cliffs zone. Clean out. Return well 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 /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.

NMOCD