

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
1540' FSL, 1500' FEL, Sec. 07, T-28-N, R-08-W, NMPM

5. Lease Number
SF 080101

6. If Indian, All. or Tribe Name

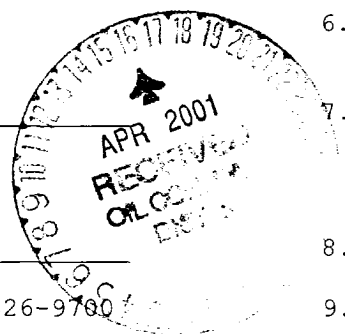
7. Unit Agreement Name

8. Well Name & Number
Riddle G #2

9. API Well No.
3004521155

10. Field and Pool
Blanco PC

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 - Restimulation	

13. Describe Proposed or Completed Operations

- MOL and pressure test casing.
- Acidize and foam fracture treat PC zone (2160'-2220').
- Clean out well.
- Return well to production.

Please provide surface stipulations.

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

Signed *Jerry Calc* Title Regulatory Administrator Date 1/9/01

(This space for Federal or State Office use)

APPROVED BY *[Signature]* Title EPS Date 4/12/01

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to ma department or agency of the United States any false, fictitious or fraudulent statements o

NMOCB