

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
FBI

Sundry Notices and Reports on Wells APR-9 PM 12:25

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

1060' FSL, 1100' FEL, Sec.36, T-27-N, R-11-W, NMPM

P

5. Lease Number
NM-01074

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name
Huerfano Unit

8. Well Name & Number
Huerfano Unit #84R
9. API Well No.
30-045-29819

10. Field and Pool
West Kutz 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 type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" 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 - Spud, Casing, and Cement	

13. Describe Proposed or Completed Operations

3-30-99 MIRU. Spud well @ 1:00 pm 3-30-99. Drill to 140'. Circ hole clean. TOOH. TIH w/3 jts 5 1/2" 15.5# K-55 csg, set @ 132'. Cmdt w/55 sx Class "B" neat cmt w/3% calcium chloride, 0.25 pps Flocele (65 cu ft). Circ 4 bbl cmt to surface. WOC. PT BOP & csg to 600 psi/30 min, OK. Drilling ahead.

4-1-99 Drill to TD @ 2256'. Circ hole clean. TOOH. TIH w/71 jts 2 7/8" 6.5# J-55 csg, set @ 2249'. Cmdt w/110 sx Class "B" neat cmt w/3% gel, 5 pps D-42, 0.25 pps Flocele, 2% S1, 0.1% D-46 (320 cu ft). Tailed w/50 sx Class "B" 50/50 Poz w/2% gel, 5 pps D-42, 2% S1, 0.25 pps Flocele, 0.1% D-46 (70 cu ft). Circ 3 bbl cmt to surface. ND BOP. NU WH. RD. Rig released.

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

Signed [Signature] Title Regulatory Administrator Date 4/7/99

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

ACCEPTED FOR RECORD

APR 14 1999