

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

RECEIVED
JAN 26 1998

2. Name of Operator

OIL CON. DIV.
BURLINGTON
RESOURCES
DIST. 3
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

800' FNL, 1500' FWL, Sec. 34, T-28-N, R-9-W, NMPM

5. Lease Number
SF-077111

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Storey C #12

9. API Well No.
30-045-13066

10. Field and Pool
So. Blanco Pict. 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 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 - Restimulate	

13. Describe Proposed or Completed Operations

12-1-97 MIRU. SDON.

12-2-97 ND WH. NU BOP. TIH, tag up @ 2390'. Dump 18 gal sd down tbg, top of sd @ 1700'
PT 2 7/8" csg to 5000 psi/15 min, OK. TIH w/gauge ring, tag top of sd plug
@ 2342'. SDON.

12-3-97 PT csg, OK. TIH, ran CBL-GR @ 0-2342', TOC @ 1974'. TOOH. TIH, blow well & CO.
TOOH. SDON.

12-4-97 Acidize existing Pictured Cliffs perms w/500 gal 15% Hcl. Frac Pictured Cliffs
w/252 bbl 25# x-link gel 86,200# 20/40 Arizona sd, 341,000 SCF N2. SI for gel
break. CO after frac.

12-5/7-97 Blow well & CO.

12-8-97 Blow well & CO. TOOH. ND BOP. NU WH. RD. Rig released.

The subject well was to be recompleted to the Fruitland Coal formation. The well will
produce as a Pictured Cliffs single at this time.

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

Signed [Signature] Title Regulatory Administrator Date 1/14/98

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

AC
Date _____

CONDITION OF APPROVAL, if any:

JAN 15 1998

FARMINGTON DISTRICT OFFICE

NMOC