

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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| <p>1. Type of Well GAS</p> <p>2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY</p> <p>3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <p>4. Location of Well, Footage, Sec., T, R, M 1650' FSL, 1092' FEL, Sec. 5, T-29-N, R-11-W, NMPM</p> | <p>5. Lease Number SF-081085</p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name</p> <p>8. Well Name & Number Fifield #2</p> <p>9. API Well No. 30-045-08608</p> <p>10. Field and Pool Aztec Pictured Cliffs</p> <p>11. County and State San Juan Co, NM</p> |
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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 during the second quarter of 1998.

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SEP - 8 1997
OIL CO. NM
PAGE 8

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91M
57 JUN 30 PM 2:06
070 FARMINGTON, NM

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

Signed [Signature] (MDWPC) Title Regulatory Administrator Date 6/22/97

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: