

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

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) 326-0700

4. Location of Well, Footage, Sec., T, R, M

1840' FNL, 875' FWL, Sec. 23, T-30-N, R-10-W, NMPM

5. Lease Number

SF-078200B

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

8. Well Name & Number

Riddle B #6

API Well No.

30-045-20773

10. Field and Pool

Blanco Pict'd 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

4-3-99 RU. TIH w/gauge ring, tag up @ 3031'. TIH w/stop & plug, set @ 2867'. PT csg to 3700 psi, OK. TOOH w/plug. RD.

4-20-99 RU. PT lines to 4700 psi. Frac PC w/412 bbl 35# linear gel, 176,000# 20/40 AZ snd, 710,000 SCF N2. Flow back well.

4-22&23-99 Flow back well.

4-24-99 Flow back well. RD. Shut-in well. WO bailer.

4-27-99 RU. TIH w/bailer, tag up @ 3000'. Bail snd, flow back well.

4-28-99 Flow back well. Bail snd. TOOH. RD. Well turned over to production.

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

Signed [Signature] Title Regulatory Administrator Date 5/5/99

vkx

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any: