

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) 326-9700

4. Location of Well, Footage, Sec., T, R, M  
2240' FNL, 2005' FWL, Sec.6, T-30-N, R-10-W, NMPM

5. Lease Number  
NM-93313

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

8. Well Name & Number  
Atlantic C #6C

9. API Well No.  
30-045-29530

10. Field and Pool  
Blanco Mesaverde

11. County and State  
San Juan Co, NM

RECEIVED  
OCT - 4 1999  
SALMON DIV.  
DIST. 3

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 Mesaverde formation by treating the original completion with a mixture of acids and gel breakers. A rig will MIRU, ND wellhead, NU BOP, and pull production tubing. The restimulation will be complete in two stages at frac rates through the original perforations. After flowback, tubing will be landed at +/- 5246'. The well will then be placed back on production.

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

Signed Gregory Cole Title Regulatory Administrator Date 9/22/99  
trc

(This space for Federal or State Office use)  
APPROVED BY WAYNE TOWNSEND Title A.T.L. Date 9/30/99

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.