

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

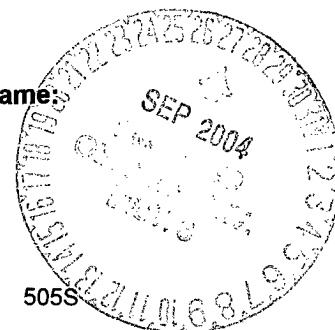
2004 AUG 10 AM 9 59

## Sundry Notices and Reports on Wells

RECEIVED

BUREAU OF LAND MANAGEMENT  
FARMINGTON, NM

<b>1. Type of Well</b> GAS	<b>5. Lease Number:</b> NMSF-077648
<b>2. Name of Operator:</b> BURLINGTON RESOURCES, INC.	<b>6. If Indian, allottee or Tribe Name:</b>
<b>2. Name and Phone No. of Operator:</b> P. O. Box 4289, Farmington, NM 87499 (505) 326-9700	<b>7. Unit Agreement Name:</b>
<b>4. Location of Well, Footage, Sec., T, R, U:</b> 2420' FSL & 660' FEL S:12 T:031N R:012W I	<b>8. Well Name and Number:</b> DAVIS 505S
	<b>9. API Well No.</b> 30045307150000
	<b>10. Field and Pool:</b> FRC / BASIN (FRUITLAND COAL)
	<b>11. County and State:</b> San Juan New Mexico

**12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA:**

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Non-Routine Fracturing
<input type="checkbox"/> Abandonment	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Water Shut Off
	<input checked="" type="checkbox"/> Other - Re-Delivery	<input type="checkbox"/> Conversion to Injection

**13. Describe Proposed or Completed Operations:**

This well was re-delivered after being turned off for more than 90 days on 8/4/2004 and produced an initial MCF of: 450.

**14. I Hereby certify that the foregoing is true and correct.**

Signed Laura Tucker Date: 8/6/2004

**ACCEPTED FOR RECORD**

(This space for Federal or State Office use.)

APPROVED BY: \_\_\_\_\_ Title: \_\_\_\_\_  
**SEP 24 2004**  
**FARMINGTON FIELD OFFICE**  
 BY: [Signature]

CONDITIONS OF APPROVAL, if any: \_\_\_\_\_

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

**NMOC**