

2004 NOV 10 PM 1 40

UNITED STATES RECEIVED  
DEPARTMENT OF THE INTERIOR FARMINGTON NM  
BUREAU OF LAND MANAGEMENT

## Sundry Notices and Reports on Wells

<b>1. Type of Well</b> GAS	<b>5. Lease Number:</b> NMSF-044535-B
<b>2. Name of Operator:</b> BURLINGTON RESOURCES, INC.	<b>6. If Indian, allottee or Tribe Name:</b>  <b>7. Unit Agreement Name:</b>
<b>2. Name and Phone No. of Operator:</b> P. O. Box 4289, Farmington, NM 87499 (505) 326-9700	<b>8. Well Name and Number:</b> EATON FEDERAL 2 <b>9. API Well No.</b> 30045256060000
<b>4. Location of Well, Footage, Sec., T, R, U:</b> 495' FNL & 740' FEL S:15 T:028N R:011W A	<b>10. Field and Pool:</b> GL / ARMENTA GALLUP <b>11. County and State:</b> San Juan New Mexico

ENTERED  
AFMSS

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**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"/>	<input type="checkbox"/> Conversion to Injection

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

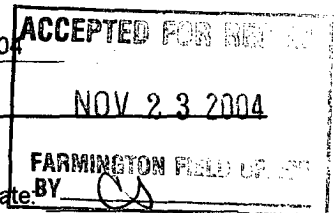
This well was re-delivered after being turned off for more than 90 days on 11/3/2004 and produced an initial MCF of: 16 .

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

Signed Shollie Munkres Date: 11/10/2004

(This space for Federal or State Office use.)

APPROVED BY: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



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

NMOCD