

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

2005 MAR 30 AM 8 46

RECEIVED

Sundry Notices and Reports on Wells

070 FARMINGTON UM

1. Type of Well

GAS

5. Lease Number:

NMSF-079527

2. Name of Operator:

BURLINGTON RESOURCES, INC.

6. If Indian, allottee or Tribe Name:**7. Unit Agreement Name:**

SAN JUAN 27-4 UNIT

2. Name and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499

(505) 326-9700

8. Well Name and Number:

SAN JUAN 27-4 UNIT

9. API Well No.

30039207320000

4. Location of Well, Footage, Sec., T, R, U:

1500' FNL & 800' FWL

S:26 T:027N R:004W E

10. Field and Pool:

PC / TAPACITO (PICTURED CLIFFS)

APR - 1 2005

11. County and State:

Rio Arriba

New Mexico

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

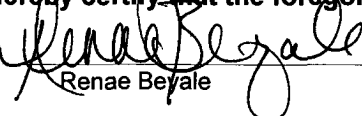
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> 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	

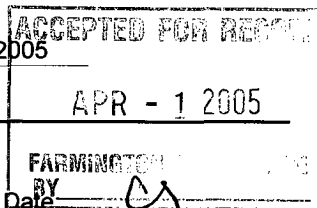
13. Describe Proposed or Completed Operations:

This well was re-delivered after being turned off for more than 90 days on 3/22/2005 and produced an initial MCF of 48.

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

Signed



Renae Beyale
Date: 3/28/2005

(This space for Federal or State Office use.)

APPROVED BY: _____

Title: _____

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.