

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

Sundry Notices and Reports on Wells

**1. Type of Well**

GAS

**5. Lease Number:**

NMSF-080456

**2. Name of Operator:**

BURLINGTON RESOURCES, INC.

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

HUERFANO UNIT

**2. Name and Phone No. of Operator:**

P. O. Box 4289, Farmington, NM 87499

(505) 326-9700

**8. Well Name and Number:**

HUERFANO UNIT

**9. API Well No.**

3004526670000

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

940' FNL &amp; 910' FEL

S:09 T:026N R:010W A

**10. Field and Pool:**

DK / BASIN DAKOTA (PRORATED GAS)

**11. County and State:**

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 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 1/23/2002 and produced an initial MCF of: 2.

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

Signed

Wendy Payne

Date:

1/31/2002

(This space for Federal or State Office use.)

APPROVED BY:

Title:

Date:

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.

MOCD

MH