false, fictitious or fraudulent statements.



UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

2014 APR -1 AM 7: 52

070 Farmington, NM

1. Type of Well GAS		5. Lease Nun	nber: 453457				
		NMNM-01074					
· · · · · · · · · · · · · · · · · · ·		6. If Indian, a	Illottee or Tribe Name				
2. Name of Operator:							
BURLINGTON RESOURCES, INC.		7. Unit Agreement Name: HUERFANO UNIT					
2. Name and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700		l .	e and Number:				
		HUERFANO UNIT 84 9. API Well No. 30045061090000					
				4. Location of Well, Footage, Sec., T, R, U:		10. Field and Pool:	
						PC / KUTZ WEST (PICTURED CLIFFS)	
890' FSL & 991' FEL		11. County a	and State:				
S:36 T:027N R:011W P	,	San Juan	New Mexico				
		<u> </u>					
12. CHECK APPROPRIATE E	BOX TO INDICATE	E NATURE OF N	NOTICE, REPORT, OTHER DATA:				
Notice of Intent	Abandonment		Change of Plans				
Subsequent Report	Plugging B	ack	New Construction				
Final Abandonment Casing Re		oair	Non-Routine Fracturing				
Abandonment	Altering Ca	sing	Water Shut Off				
	X Other - Re-	Delivery	Conversion to Injection				
13. Describe Proposed or Co	ompleted Operation	ons:					
•			2/2/2/2004 and moduland an				
This well was re-delivered after bein	ng turned on for more	a than 90 days on	3/23/2004 and produced an				
initial MCF of: 80							
							
14. I Hereby certify that the f	oregoing is true	and correct.					
	~ L)	Date: 3/31/2004				
Signed Signed							
Signed Shollie Munkres	and a						
Signed Shollie Munkres			· · · · · · · · · · · · · · · · · · ·				
Signed Shollie Munkres (This space for Federal or State Of							

FIN U = 2004