

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

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2004 JUN 32 PM 1:46

Sundry Notices and Reports on Wells

070 Farmington, NM

1. Type of Well

GAS

5. Lease Number:

NMNM-03491

2. Name of Operator:

BURLINGTON RESOURCES, INC.

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

HUERFANITO UNIT

2. Name and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499

(505) 326-9700

8. Well Name and Number:

HUERFANITO UNIT

22R

9. API Well No.

30045307930000

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

1620' FNL & 1010' FEL

S:04 T:026N R:009W H

10. Field and Pool:

PC / BALLARD PICTURED CLIFFS (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 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 6/1/2004 and produced an initial MCF of: 47.

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

Signed

Shollie Munkres

Date: 6/1/2004

(This space for Federal or State Office use.)

APPROVED BY: _____ Title: _____

CONDITIONS OF APPROVAL, if any: _____

ACCEPTED FOR RECORD

JUL 07 2004

FARMINGTON FIELD OFFICE
BY _____

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.

NMOCD