

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

2004 AUG 17 PM 1 50

Sundry Notices and Reports on Wells

RECEIVED
OTD FARMINGTON NM

| | |
|---|--|
| 1. Type of Well GAS | 5. Lease Number: NMNM-03179 |
| 2. Name of Operator: BURLINGTON RESOURCES, INC. | 6. If Indian, allottee or Tribe Name: 7. Unit Agreement Name: |
| 2. Name and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700 | 8. Well Name and Number: AZTEC SRC |
| 4. Location of Well, Footage, Sec., T, R, U: 790' FSL & 1770' FWL S:14 T:028N R:011W N | 9. API Well No. 30045257700000 |
| | 10. Field and Pool: FR / KUTZ (FRUITLAND) |
| | 11. County and State: San Juan New Mexico |

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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"/> Conversion to Injection |

13. Describe Proposed or Completed Operations:

This well was re-delivered after being turned off for more than 90 days on 8/11/2004 and produced an initial MCF of: 32.

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

Signed  Date: 8/12/2004
 Laura Tucker

ACCEPTED FOR RECORD

(This space for Federal or State Office use.)

APPROVED BY: _____ Title: _____
 CONDITIONS OF APPROVAL, if any: _____

AUG 18 2004
Date: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