

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SEP 3 PM 2 00

Sundry Notices and Reports on Wells

RECEIVED

070 FARMINGTON NM

1. Type of Well

GAS

2. Name of Operator:

BURLINGTON RESOURCES, INC.

2. Name and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499
(505) 326-9700

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

850' FNL & 850' FWL
S:31 T:027N R:010W D

5. Lease Number:

NMSF-078422

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

HUERFANO UNIT NP

8. Well Name and Number:

HUERFANO UNIT NP

9. API Well No.

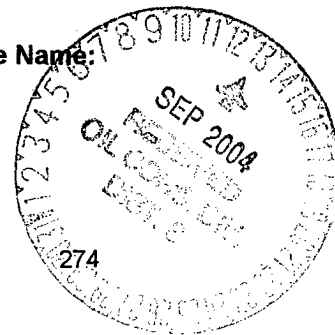
30045216530000

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 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 8/25/2004 and produced an initial MCF of: 45.

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

Signed

Laura Tucker
Laura Tucker

Date:

9/1/2004

(This space for Federal or State Office use.)

APPROVED BY: _____

Title: _____

Date: _____

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, if any: _____

SEP 09 2004

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.

FARMINGTON FIELD OFFICE
BY *[Signature]*

NMCCD