

2004 NOV 30 PM 12 54  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**  
 RECEIVED  
 FM 1000 FARMINGTON NM

**Sundry Notices and Reports on Wells**

**1. Type of Well**

GAS

**5. Lease Number:**

NMMN-03999

**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:**

GRAMBLING

**9. API Well No.**

30045204610000

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

800' FNL & 790' FEL  
 S:27 T:029N R:009W A

**10. Field and Pool:**

PC / BLANCO PICTURED CLIFFS (GAS)

**11. County and State:**

San Juan New Mexico



ENTERED  
AFMSS

DEC 3 2004

*CS*

**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	

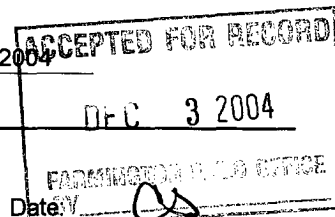
**13. Describe Proposed or Completed Operations:**

This well was re-delivered after being turned off for more than 90 days on 11/17/2004 and produced an initial MCF of: 75 .

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

Signed *Shollie Munkres*  
 Shollie Munkres

Date: 11/29/2004



(This space for Federal or State Office use.)

APPROVED BY: \_\_\_\_\_ Title: \_\_\_\_\_

Date: *CS*

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.

NMOC