

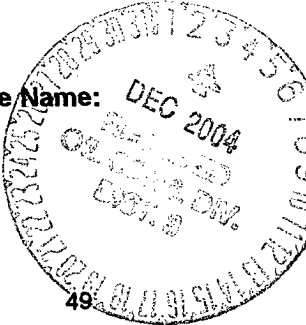
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

TELEPHONE 4 PM 3 28

RECEIVED

Sundry Notices and Reports on Wells

010 FARMINGTON NM

1. Type of Well GAS	5. Lease Number: NMSF-080724-A	 ENTERED APMSS NOV 30 2004 <i>as</i>
2. Name of Operator: BURLINGTON RESOURCES, INC.	6. If Indian, allottee or Tribe Name:	
2. Name and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name:	
4. Location of Well, Footage, Sec., T, R, U: 660' FSL & 1820' FEL S:34 T:029N R:010W O	8. Well Name and Number: ZACHRY 49 9. API Well No. 30045256100000	
	10. Field and Pool: GL / ARMENTA GALLUP 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 11/1/2004 and produced an initial MCF of: 2 .

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

Signed Shollie Munkres Date: 11/4/2004

ACCEPTED FOR

NOV 3 0 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.

MMOCD