

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Sundry Notices and Reports on Wells

2004 NOV 30 PM 12 54
RECEIVED
070 FARMINGTON NM

1. Type of Well GAS	5. Lease Number: NMSF-078421
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: MCADAMS A 1R 9. API Well No. 30045301620000
4. Location of Well, Footage, Sec., T, R, U: 1130' FSL & 705' FWL S:20 T:027N R:009W M	10. Field and Pool: PC / FULCHER KUTZ PC (GAS) 11. County and State: San Juan New Mexico

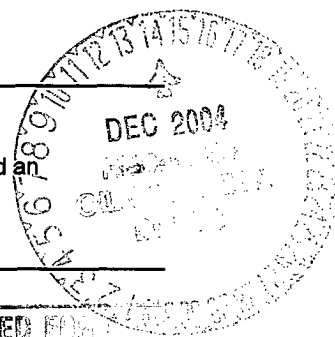
DEC 9 2004
CS

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 11/23/2004 and produced an initial MCF of: 45 .



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

Signed Shollie Munkres Date: 11/29/2004

ACCEPTED FOR
DEC 9 2004
FARMINGTON
BY CS
Date

(This space for Federal or State Office use.)

APPROVED BY: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, if any: _____

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