

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

Sundry Notices and Reports on Wells

**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:**

1500' FNL & 890' FWL  
S:36 T:026N R:006W E

**5. Lease Number:**

E-291-49-NM

**6. If Indian, allottee or Tribe Name:****7. Unit Agreement Name:****8. Well Name and Number:**

JOHNSTON A COM B

**9. API Well No.**

30039062550000

**10. Field and Pool:**

PC / BLANCO P.C. SOUTH (GAS)

**11. County and State:**

Rio Arriba 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 3/3/2005 and produced an initial MCF of 3.

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

Signed

Renee Beyale

Date:

3/14/2005

(This space for Federal or State Office use.)

APPROVED BY:

Title:

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.

NMCCD

2005 MAR 14 PM 3 15

RECEIVED  
OTO FARMINGTONENTERED  
AFMSS

MAR 23 2005

CS

