

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well

GAS

5. Lease Number:

NMSF-079363

2. Name of Operator:

BURLINGTON RESOURCES, INC.

6. If Indian, allottee or Tribe Name:

7. Unit Agreement Name:

SAN JUAN 28-6 UNIT

2. Name and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499

(505) 326-9700

8. Well Name and Number:

SAN JUAN 28-6 UNIT

66

9. API Well No.

30039071450000

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

890' FNL & 1650' FEL

S:11 T:027N R:006W B

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	

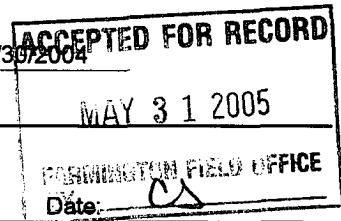
13. Describe Proposed or Completed Operations:

This well was re-delivered after being turned off for more than 90 days on 12/22/2004 and produced an initial MCF of: 60.

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

Signed Shollie Munkres

Date: 12/30/2004



(This space for Federal or State Office use.)

APPROVED BY: _____ Title: _____

CONDITIONS OF APPROVAL, if any: _____