

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

**Sundry Notices and Reports on Wells**

2005 JAN 4 PM 1 42  
RECEIVED  
070 FARMINGTON NM

**1. Type of Well**  
GAS

**5. Lease Number:**  
NMSF-078508

**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:**

**8. Well Name and Number:**  
NORDHAUS

**9. API Well No.**  
30045243680000

**4. Location of Well, Footage, Sec., T, R, U:**  
1120' FNL & 990' FWL  
S:01 T:031N R:009W D

**10. Field and Pool:**  
DK / BASIN DAKOTA (PRORATED GAS) / *Blanco MV*

**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 12/1/2004 and produced an initial MCF of: 15 . *MV 24 MCF*

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

Signed *Shollie Munkres*  
Shollie Munkres

Date: 12/30/2004

(This space for Federal or State Office use.)

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

**ACCEPTED FOR RECORD**  
  
MAY 31 2005  
FARMINGTON FIELD OFFICE  
BY *CA*

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.

**NMOCD**