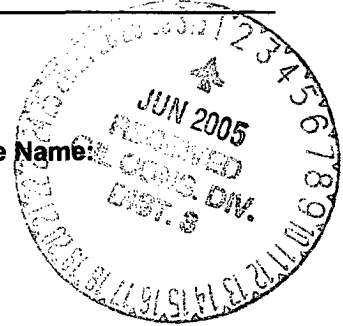


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<b>1. Type of Well</b> GAS	<b>5. Lease Number:</b> NMSF-044535-B
<b>2. Name of Operator:</b> BURLINGTON RESOURCES, INC.	<b>6. If Indian, allottee or Tribe Name:</b>
<b>2. Name and Phone No. of Operator:</b> P. O. Box 4289, Farmington, NM 87499 (505) 326-9700	<b>7. Unit Agreement Name:</b>
<b>4. Location of Well, Footage, Sec., T, R, U:</b> 495' FNL & 740' FEL S:15 T:028N R:011W A	<b>8. Well Name and Number:</b> EATON FEDERAL 2
	<b>9. API Well No.</b> 30045256060000
	<b>10. Field and Pool:</b> GL / ARMENTA GALLUP
	<b>11. County and State:</b> 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

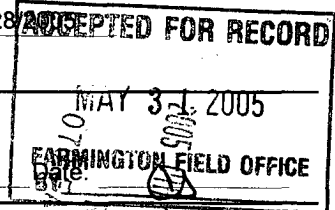
**13. Describe Proposed or Completed Operations:**

This well was re-delivered after being turned off for more than 90 days on 4/14/2005 and produced an initial MCF of 20 .

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

Signed Renee Beyale  
Renee Beyale

Date: 4/28/2005



(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.

NMOC