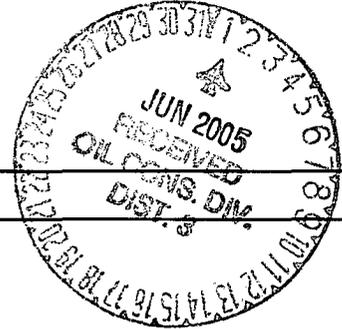


UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT



Sundry Notices and Reports on Wells

1. Type of Well
GAS

5. Lease Number:
NMSF-080724-A

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:
ZACHRY 49

9. API Well No.
30045256100000

4. Location of Well, Footage, Sec., T, R, U:
660' FSL & 1820' FEL
S:34 T:029N R:010W O

10. Field and Pool:
GL / ARMENTA GALLUP / *mv*

11. County and State:
San Juan New Mexico

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA:

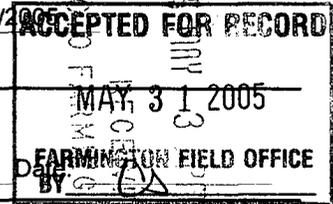
- | | | |
|--|---|--|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Subsequent Report | <input type="checkbox"/> Plugging Back | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> 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 4/22/2005 and produced an initial MCF of 223.

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

Signed *Renaey Beyale* Date: 5/2/2005
Renaey Beyale



(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.