

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:

930' FSL & 1650' FEL
S:15 T:032N R:007W O

5. Lease Number:

SF-078459B

6. If Indian, allottee or Tribe Name:**7. Unit Agreement Name:**

ALLISON UNIT

8. Well Name and Number:

ALLISON UNIT

9. API Well No.

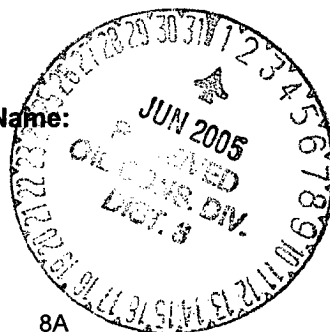
30045295020000

10. Field and Pool:

DK / BASIN DAKOTA (PRORATED GAS) /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:

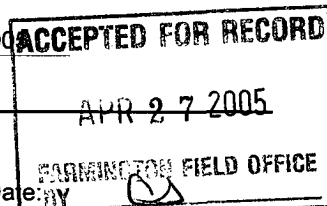
This well was re-delivered after being turned off for more than 90 days on 5/11/2005 and produced an initial MCF of 1800 .

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

Signed

Renae Beyale

Date: 5/16/2005



(This space for Federal or State Office use.)

APPROVED BY:

Title:

Date: by

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