

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-065557-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:

CORNELL 1R

9. API Well No.

30045304470000

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

1640' FNL & 1030' FEL  
S:12 T:029N R:012W H

10. Field and Pool:

PC / FULCHER KUTZ PC (GAS)

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 12/20/2004 and produced an initial MCF of: 40 .

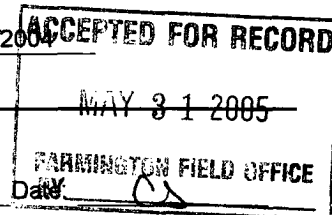
14. I Hereby certify that the foregoing is true and correct.

Signed Shollie Munkres

Date: 12/30/2004

(This space for Federal or State Office use.)

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



CONDITIONS OF APPROVAL, if any: \_\_\_\_\_