

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED

2004 APR -2 PM 3:55

070 Farmington, NM

1. Type of Well  
GAS

Lease Number  
NMSF-078604

If Indian, All. or  
Tribe Name

2. Name of Operator

**BURLINGTON**

RESOURCES OIL &amp; GAS COMPANY LP

Unit Agreement Name

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M

1540' FSL, 935' FEL, Sec.8, T-31-N, R-10-W, NMPM

Well Name &amp; Number

Marcotte #2

API Well No.

30-045-29466

10. Field and Pool

Basin Dakota

11. County and State

San Juan Co, NM

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

Type of Submission	Type of Action
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

Burlington Resources is attempting to get partner approval to recomplete the Subject well to the Dakota formation. We request a six month extension to obtain partner approval to do this work

**THIS APPROVAL EXPIRES** OCT 01 2004

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

Signed Nancy Oltmann Title Senior Staff Specialist Date 4/2/04

(This space for Federal or State Office use)

APPROVED BY Original Signed: Stephen Mason Title \_\_\_\_\_ Date APR 05 2004

CONDITION OF APPROVAL, if any:

**NNOC**