

RECEIVED

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

2004 APR 16 PM 1:49

070 Farmington, NM

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number: NMSF-076566
2. Name of Operator: BURLINGTON RESOURCES, INC.	6. If Indian, allottee or Tribe Name:
2. Name and Phone No. of Operator: P. O. Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name: HUERFANO UNIT
4. Location of Well, Footage, Sec., T, R, U: 820' FSL & 815' FWL S:29 T:027N R:010W M	8. Well Name and Number: HUERFANO UNIT 24R
	9. API Well No. 30045295780000
	10. Field and Pool: PC / KUTZ WEST (PICTURED CLIFFS)
	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 2/7/2004 and produced an initial MCF of: 34.

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

Signed Shollie Munkres Date: 4/16/2004

(This space for Federal or State Office use.)

APPROVED BY: _____ Title: _____

CONDITIONS OF APPROVAL, if any: _____

ACCEPTED FOR RECORD

MAY 11 2004

FARMINGTON FIELD OFFICE
BY _____

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