

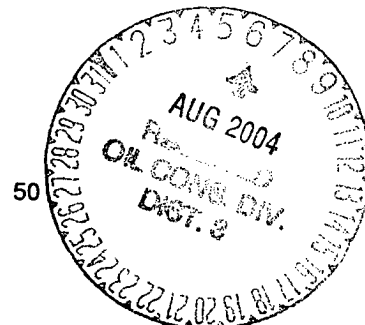
**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

2004 JUL 15 PM 2 18

Sundry Notices and Reports on Wells

RECEIVED

1. Type of Well GAS	5. Lease Number: E-1199-10-NM
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: HUERFANITO UNIT 8. Well Name and Number: HUERFANITO UNIT 9. API Well No. 30045061590000
4. Location of Well, Footage, Sec., T, R, U: 1485' FNL & 990' FWL S:36 T:027N R:009W E	10. Field and Pool: PC / BALLARD PICTURED CLIFFS (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 7/12/2003 and produced an initial MCF of: 13.

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

Signed

 Laura Tucker
Date: 7/14/2004

ACCEPTED FOR RECORD

(This space for Federal or State Office use.)

APPROVED BY: _____ Title: _____

AUG 04 2004

 Date: _____
FARMINGTON FIELD OFFICE
 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