

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-080781
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:
4. Location of Well, Footage, Sec., T, R, U: 1210' FEL & 1555' FSL S:30 T:029N R:009W I	8. Well Name and Number: CAIN 16E
	9. API Well No. 30045257400000
	10. Field and Pool: DK / BASIN DAKOTA (PRORATED 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 7/29/2004 and produced an initial MCF of: 351

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

Signed  Date: 8/2/2004
 Laura Tucker

(This space for Federal or State Office use.)

APPROVED BY: _____ Title: _____ Date: SEP 01 2004

CONDITIONS OF APPROVAL, if any: _____ **FARMINGTON FIELD OFFICE**

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