

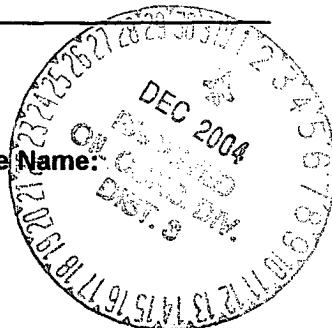
2004 NOV 10 PM 1 42

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
70 FARMINGTON NM

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number: NMSF-078883
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: CANYON LARGO UNIT NP
4. Location of Well, Footage, Sec., T, R, U: 1060' FNL & 800' FEL S:06 T:025N R:006W A	8. Well Name and Number: CANYON LARGO UNIT NP 162 9. API Well No. 30039203120000 10. Field and Pool: PC / BLANCO P.C. SOUTH (GAS) 11. County and State: Rio Arriba 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	

ENTERED
AFMSS

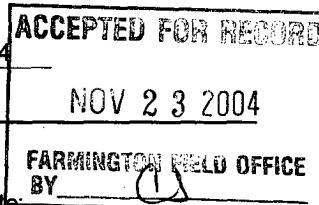
NOV 23 2004

13. Describe Proposed or Completed Operations:

This well was re-delivered after being turned off for more than 90 days on 11/2/2004 and produced an initial MCF of: 62.

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

Signed Shollie Munkres Date: 11/10/2004



(This space for Federal or State Office use.)

APPROVED BY: _____ Title: _____ Date: _____

CONDITIONS OF APPROVAL, if any: _____

NMOCD