

2004 NOV 10 PM 1 41

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

070 FARMINGTON NM

## Sundry Notices and Reports on Wells

## 1. Type of Well

GAS

## 5. Lease Number:

NMSF-078882

## 2. Name of Operator:

BURLINGTON RESOURCES, INC.

## 6. If Indian, allottee or Tribe Name:

## 7. Unit Agreement Name:

CANYON LARGO UNIT

## 2. Name and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499  
(505) 326-9700

## 8. Well Name and Number:

CANYON LARGO UNIT 415

## 9. API Well No.

30039253790000

## 4. Location of Well, Footage, Sec., T, R, U:

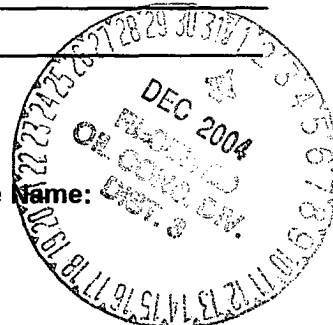
1795' FNL & 1625' FEL  
S:19 T:025N R:006W G

## 10. Field and Pool:

DK / BASIN DAKOTA (PRORATED GAS)

## 11. County and State:

Rio Arriba New Mexico

ENTERED  
AFMSS

NOV 23 2004

## 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:

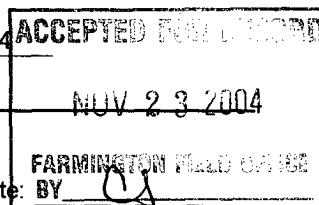
This well was re-delivered after being turned off for more than 90 days on 11/2/2004 and produced an initial MCF of: 138 .

## 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: BY Cs



CONDITIONS OF APPROVAL, if any: \_\_\_\_\_

NMOCD