

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

2004 NOV 10 PM 1 24

RECEIVED  
070 FARMINGTON NM

## Sundry Notices and Reports on Wells

**1. Type of Well**

GAS

**5. Lease Number:**

NMSF-047020-A

**2. Name of Operator:**

BURLINGTON RESOURCES, INC.

**6. If Indian, allottee or Tribe Name:****7. Unit Agreement Name:****2. Name and Phone No. of Operator:**

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

**8. Well Name and Number:**

SUMMIT

9

**9. API Well No.**

30045245740000

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

920' FNL &amp; 835' FEL

S:34 T:029N R:011W A

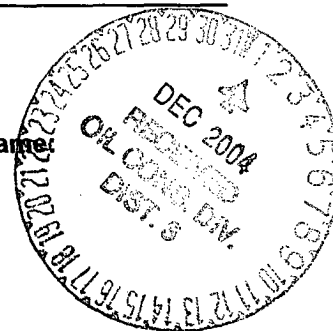
**10. Field and Pool:**

CH / OTERO (CHACRA) GAS

**11. County and State:**

San Juan

New Mexico

ENTERED  
A. P. S.

NOV 23 2004

OS

**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: 75.

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

Signed

Shollie Munkres

Date: 11/10/2004ENTERED  
A. P. S.

NOV 23 2004

(This space for Federal or State Office use.)

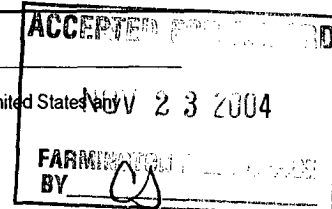
APPROVED BY: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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