

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

2004 NOV 5 AM 11 15

Sundry Notices and Reports on Wells

RECEIVED

070 FARMINGTON NM

1. Type of Well

GAS

5. Lease Number:

E-291-49-NM

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:

JOHNSTON A

9. API Well No.

30039062460000

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

1273' FNL & 990' FEL

S:32 T:026N R:006W A

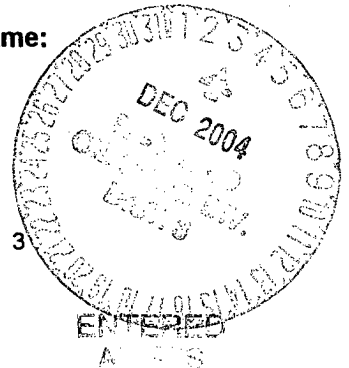
10. Field and Pool:

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	

13. Describe Proposed or Completed Operations:

This well was re-delivered after being turned off for more than 90 days on 11/3/2004 and produced an initial MCF of: 144.

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

Signed Shollie Munkres

Date: 11/4/2004

(This space for Federal or State Office use.)

APPROVED BY: _____ Title: _____

Date: NOV 30 2004

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.

NMOC