

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FEB 2 PM 1 37

Sundry Notices and Reports on Wells

RECEIVED

070 FARMINGTON NM

1. Type of Well  
GAS

5. Lease Number:  
NMNM-020982

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:

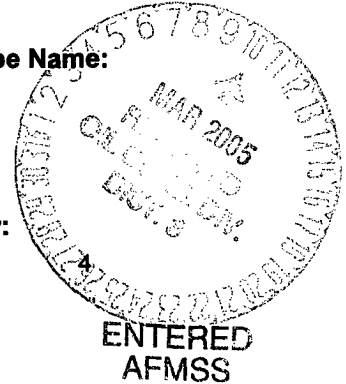
8. Well Name and Number:  
DELO

9. API Well No.  
30045209610000

4. Location of Well, Footage, Sec., T, R, U:  
1025' FSL & 1850' FWL  
S:10 T:028N R:011W N

10. Field and Pool:  
PC / FULCHER KUTZ PC (GAS)

11. County and State:  
San Juan New Mexico



MAR - 7 2005

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 |

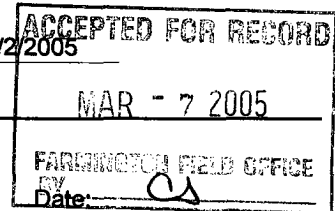
13. Describe Proposed or Completed Operations:

This well was re-delivered after being turned off for more than 90 days on 1/14/2005 and produced an initial MCF of 40 .

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

Signed Renaey Beyale  
Renaey Beyale

Date: 2/2/2005



(This space for Federal or State Office use.)

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

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 D DOWN