

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

5. Lease Number:
NMSF-065557-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:
CORNELL

9. API Well No.
30045304470000

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

1640' FNL & 1030' FEL
S:12 T:029N R:012W H

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

11. County and State:
San Juan 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 8/15/2005 and produced an initial MCF of 130 .

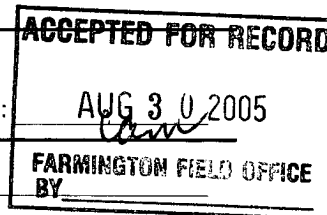
14. I Hereby certify that the foregoing is true and correct.

Signed Renaey Beyale Date: 8/25/2005

(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