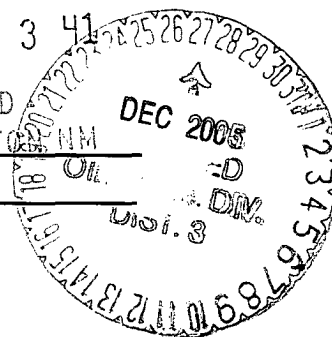


**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

## Sundry Notices and Reports on Wells

2005 DEC 8 PM 3 41  
RECEIVED  
070 FARMINGTON NM

**1. Type of Well**

GAS

**5. Lease Number:**

NMSF-080724-A

**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:**

ZACHRY 19E

**9. API Well No.**

30045243570000

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

1120' FSL & 1520' FEL  
S:12 T:028N R:010W O

**10. Field and Pool:**

CH / OTERO (CHACRA) 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 11/10/2005 and produced an initial MCF of 38 .

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

Signed

Renae Beyale

Date: 12/7/2005

**ACCEPTED FOR RECORD**

(This space for Federal or State Office use.)

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

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

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

**DEC 15 2005****FARMINGTON DISTRICT OFFICE  
BY**

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**