

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NOV 18 PM 3:34

070 Farmington, NM

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number: NMSF-078622
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: LUTHY A 1 9. API Well No. 30045060400000
4. Location of Well, Footage, Sec., T, R, U: 1980' FNL & 510' FEL S:01 T:026N R:008W H	10. Field and Pool: PC / BLANCO P.C. SOUTH (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 11/4/2003 and produced an initial MCF of: 165 .

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

Signed Shollie Munkres Date: 11/17/2003

(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.

FOR RECORD

NMOCD

NOV 20 2003

OFFICE