

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

RECEIVED

1. Type of Well
GAS

2003 DEC -3 AM 11:57

070 Farmington, NM

5. Lease Number
NMSF-078060
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name

2. Name of Operator
BURLINGTON
RESOURCES OIL & GAS COMPANY LP

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
1730'FNL, 1115'FEL, Sec.27, T-26-N, R-9-W, NMPM

Huerfano Unit
8. Well Name & Number
Huerfano Unit #55R
9. API Well No.
30-045-30504
10. Field and Pool
Ballard Pictured Cliffs
11. County and State
San Juan Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

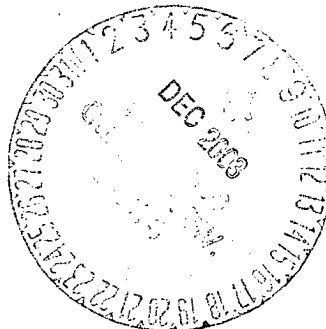
Type of Submission

Type of Action

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

The subject well is being evaluated for a Fruitland Coal recompletion. A detailed procedure will be submitted by 2-28-04.



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

Signed Nancy Altman Title Senior Staff Specialist Date 12/1/03

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date **ACCEPTED FOR RECORD**
CONDITION OF APPROVAL, if any:

DEC 05 2003

NMOCB

FARMINGTON FIELD OFFICE