

**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-077874

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:

HANKS

18

9. API Well No.

300450690300

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

830' FNL & 1840' FEL

S:05 T:027N R:009W B

10. Field and Pool:

DK / BASIN DAKOTA (PRORATED 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 8/27/97 and produced an initial MCF of 25.

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

Signed

Dolores Diaz

Date:

2/9/98

RECEIVED
FEB 24 1998
OIL CON. DIV.
DIST. 3

(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

FEB 17 1998

FEDERAL DISTRICT OFFICE

SM

NMOC

Figure 1
