

Submitted in lieu of Form 3160-5 (June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

Do not use this form for proposals to drill or to deepen or reentry
to a different reservoir.

Use "APPLICATION FOR PERMIT" - for such proposals.

1. Type of Well:

Gas

2. Name of Operator:

Burlington Resources Inc.

3. Address and Phone No. of Operator:

P. O. Box 4289, Farmington, NM 87499
(505) 326-9700

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

1410' FSL & 1470' FEL
S:02 T:030N R:013W J

FORM APPROVED

Budget Bureau No. 1004-013

Expires: March 31, 1993

5. Lease Number:

E-453-27-NM

6. If Indian, allottee or Tribe Name

7. Unit Agreement Name:

8. Well Name and Number:

MONCRIEF COM A 2E

9. API Well No.

30045244620000

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"/> Recompletion	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> New Constructio
<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 type="checkbox"/> Other-First or Re-Deliver	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well was re-delivered on 3/1/2005 and produced natural gas and entrained hydrocarbons.

TP: 565 CP: 665 Initial MCF 52

Meter No. 93241

Gas Co.: EPFS

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

Signed

Stella Montoya
Stella Montoya

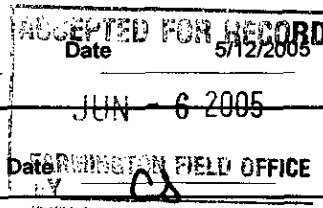
Title

Specialist

(This Space for Federal or State Office Use)

APPROVED BY:

Title



CONDITION 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