| Submit 3 Copies To Appropriate District Office   | State of New Mexico                    |                              |                       | Form C-103           |
|--|--|------------------------------|-----------------------|----------------------|
| District <sup>1</sup>  | Energy, Minerals and Natural Resources |                              |                       | Revised May 08, 2003 |
| 1625 N. French Dr., Hobbs, NM 88240 District II  |  | WELL API NO.<br>30-045-31213 |                       |                      |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION  |  | 5. Indicate Type of Le       | ease                  |                      |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410   |  | STATE                        | FEE 🛛                 |                      |
| District IV Santa Fe, NW 87303   |  | 6. State Oil & Gas Le        |                       |                      |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |  | :                            |                       |                      |
|  |  |                              | 7. Lease Name or Uni  | it Agreement Name    |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |  |                              |                       |                      |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-104) FOR SUCH PROPOSALS.)  |  |                              | Allison Unit          |                      |
| 1. Type of Well:   |  |                              | 8. Well Number        |                      |
| Oil Well Gas Well Other CBM  |  |                              | 130S                  |                      |
| 2. Name of Operator  |  |                              | 9. OGRID Number       |                      |
| Burlington Resources Oil & Gas Com   | pany LP $\infty$ $\omega$              |                              | 14538                 |                      |
| 3. Address of Operator   | o to Diej                              |                              | 10. Pool name or Wile | dcat                 |
| PO Box 4289, Farmington, NM 8749 4. Well Location  | 9                                      |                              | Basin Fruitland Coal  |                      |
| 4. Well Location   |  |                              |                       |                      |
| Unit Letter O: 175 feet from the South line and 2120 feet from the East line   |  |                              |                       |                      |
|  |  |                              |                       |                      |
| Section 24   | Township 32N                           | Range 7W                     | NMPM                  | San Juan County      |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6432' GR  |  |                              |                       |                      |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |  |                              |                       |                      |
| NOTICE OF INTE   |  |                              | SEQUENT REPOI         |                      |
|  | PLUG AND ABANDON                       | REMEDIAL WORK                |                       | ERING CASING         |
|  |  |                              |                       | _                    |
| TEMPORARILY ABANDON  | CHANGE PLANS                           | COMMENCE DRIL                |                       | JG AND  ANDONMENT    |
| PULL OR ALTER CASING   MULTIPLE   CASING TEST AND  |  |                              |                       |                      |
|  | COMPLETION                             | CEMENT JOB                   |                       |                      |
| OTHER:   |  | OTHER: casing 8              | cement                |                      |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date  |  |                              |                       |                      |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion  |  |                              |                       |                      |
| or recompletion.   |  |                              |                       |                      |
| 10/00/00 A (TRULATE NEW AND DEPORT OF A 1500 A 1600 |  |                              |                       |                      |
| 12/29/03 MIRU. ND WH. NU BOP. PT BOP & csg to 1500 psi/30 mins, OK. Drilling ahead. 12/30/03 Drill to TD @ 3340'. TOOH w/bit. TIH w/underreamer. SDON.   |  |                              |                       |                      |
| 12/31/03 Underream @ 3049-3340'. TOOH w/underreamer. SDON.   |  |                              |                       |                      |
| 1/2-21/04 TIH w/bit. Blow well & CO to TD @ 3340'.   |  |                              |                       |                      |
| 1/22/04 TOOH w/bit. TIH w/underreamer. Wash/ream & wipe open hole @ 3045-3340'. Circ hole clean.   |  |                              |                       |                      |
| TOOH w/underreamer. TIH w/9 jts 5-1/2" 15.5# K-55 LT&C csg, set @ 3340'. Lnr top @   |  |                              |                       |                      |
|  | ore-perf @ 3317-3296', 3171-304        |                              |                       | ٠.                   |
| 1/23/04 TIH w/plug mill. Mill perf plugs @ 3317-3296', 3171-3043'. TOOH w/plug mill. TIH w/105 jts 2-3/8" 4.7# J-55 tbg, set @ 3329'. ND BOP. NU WH. TIH w/pump & rods. PT & pump  |  |                              |                       |                      |
| action, OK. RD. Rig released.  |  |                              |                       |                      |
| ,  |  |                              |                       |                      |
|  |  |                              |                       |                      |
|  |  |                              |                       |                      |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |                              |                       |                      |
| SIGNATURE TAMMY WIN  | TITLE                                  | Regulatory Speciali          | st DA                 | ATE3/12/2004         |
| <i>V</i>   |  | special                      | Dr                    |                      |
| Type or print name Tammy Wimsatt Telephone No. (505) 326-9700  |  |                              |                       |                      |
| (This space for State use)   | // menunum mu                          |                              | M                     | AD IN COL            |
| APPPROVED BY   | TITLE                                  | CAS INSPECTOR, DIS           |                       | AR 17 2004           |
| APPPROVED BY   |  |                              |                       |                      |
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