Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources		WELL API NO.	Form C-103 Revised March 25, 1999
District II 1301 W. Grand Ave., Artesia, NM 88210 District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			30-045-32266 5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505			6. State Oil & Gas Lease No. E-3521-4-NM	
SUNDRY NOTICES AND REPORTS ON WELLS (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-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name: Sarah M Hedges	
1. Type of Well: Oil Well ☐ Gas Well ☒ Ot				
2. Name of Operator			8. Well No. 2M	
Burlington Resources Oil & Gas Company LP 3. Address of Operator			9. Pool name or Wildcat	
PO Box 4289, Farmington, NM 87499 4. Well Location			Blanco Mesaverde/Basin Dakota	
	feet from theS	outhline ar	nd1880'	feet from the _East_line
Section 23	Township 31N	Range 12W		n Juan County
ting to the second seco	0. Elevation (Show whether DR	R, RKB, RT, GR, etc.)	and the second s
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTE	ENTION TO: PLUG AND ABANDON □	SUBS	SEQUENT RE	PORT OF: ALTERING CASING □
TEMPORARILY ABANDON C	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	PLUG AND
	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	D 🗆	ABANDONMENT
OTHER: APD Extension		OTHER:		
12. 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 recompilation.				
Please extend our Application For Permit to drill.				
Apd Ext. Ep 4-12-06				
THO EXT. CXP. 1-10-00				
	V			
			Dies of the	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE BondTITLE Regulatory Specialist DATE 2/2/05				
Type or print name Frances Bond			·····	Telephone No.
(This space for State use)	1//			FEB - 2 2005
APPPROVED BY / /// // TITLE TO A GAS INSPECTING DITY AND DATE				
Conditions of approval, if any:				