

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-045-32110
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. E-290-3
7. Lease Name or Unit Agreement Name Decker
8. Well Number 3B
9. OGRID Number 14538
10. Pool name or Wildcat Blanco MV/Basin DK

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Burlington Resources Oil & Gas Company LP	
3. Address of Operator 3401 E. 30 <sup>th</sup> Street, Farmington, NM 87402	
4. Well Location Unit Letter <u>N</u> : <u>710</u> feet from the <u>South</u> line and <u>1880</u> feet from the <u>West</u> line Section <u>23</u> Township <u>32N</u> Range <u>12W</u> NMPM County <u>San Juan</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: Drilling Operations ☒

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.

2/2/05 MIRU. NU BOP.

2/3/05 PT BOP & csg to 600 psi/30 mins. OK. Drilling ahead.

2/14/05 Drill to intermediate TD @ 4856'. Circ hole clean. TOO H.

2/15/05 TIH w/103 jts 7" 20# J-55 LT&C csg set @ 4850'. Cmted w/9 sxs Scavenger cmt w/3% calcium chloride, .25 pps celloflake, 5 pps LCM-1, .4% SMS, .4% fluid loss (27 cu ft). Stage #1: Lead w/324 sxs Premium Lite FM w/3% calcium chloride, .25 pps celloflake, 5 pps LCM, 0.4% SMS, 0.4% fluid loss (690 cu ft). Tail w/90 sxs Type III cmt w/.1% calcium chloride, .25 pps celloflake, .2% fluid loss (124 cu ft). Stage #2: Lead w/ 9 sxs Scavenger cmt w/ 3% calcium chloride, .25 pps celloflake, 5 pps LCM-1, .4% SMS, .4% fluid loss (27 cu ft). Tail w/270 sxs Premium Lite cmt w/3% calcium chloride, .25 pps celloflake, 5 pps LCM-1, .4% SMS, .4% fluid loss (575 cu ft). Displace w/ 92 bbls water. Circ 2 bbls cmt to surface.

2/16/05 WOC. PT BOP & csg to 1500 psi/30 min. OK. Drilling ahead.

2/20/05 Drill to TD @ 7572'. Blow well clean. TOO H.

2/21/05 TIH w/176 jts 4 1/2" 10.5# J-55 ST&C csg set @ 7571'. Cmted w/9 sxs Premium Lite HS FM cmt w/.25 pps celloflake, 6.25 pps LCM-1, 0.3% CD-32, 1% fluid loss (28 cu ft). Tail w/190 sxs Premium Lite HS FM w/.25 pps celloflake, .3% CD-32, 6.25 pps LCM-1, 1% fluid loss (376 cu ft). ND BOP. NU WH. RD. Rig released.

TOC & PT will be done upon completion.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Joni Clark TITLE Senior Regulatory Specialist DATE 2/23/05

Type or print name Joni Clark E-mail address: jclark@br-inc.com Telephone No. 505-326-9701

For State Use Only

APPROVED BY: Chad Bern TITLE Acting SUPERVISOR DISTRICT # 3 DATE FEB 23 2005

Conditions of Approval (if any):