

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
June 16, 2008

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

WELL API NO. 30-45-33010
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No. FEE
7. Lease Name or Unit Agreement Name SAMMONS
8. Well Number 100S
9. OGRID Number 14538
10. Pool name or Wildcat BASIN FRUITLAND COAL

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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
BURLINGTON RESOURCES OIL GAS COMPANY, LP

3. Address of Operator
P.O. BOX 4289, FARMINGTON NM 87499

4. Well Location
Unit Letter O : 490' feet from the FSL line and 1465' feet from the FEL line
Section 32 Township 30N Range 012W NMPM SAN JUAN County NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
5498' GR

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: RE-DELIVERY 04/29/11 ☒

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.

This well was shut in more than 90 days due to compressor install & pump change out. Returned to production on 04/29/11 produced an initial MCF of 211.

TP: 0 CP: 57 Initial MCF: 211

Meter No.: 36650

Gas Co.: WFS

Project Type: REDELIVERY

RCVD JUN 28 '11
OIL CONS. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Marie E. Jaramillo TITLE Staff Regulatory Tech DATE 06/27/11

Type or print name Marie E. Jaramillo E-mail address: marie.e.jaramillo@ConocoPhillips.com PHONE: 505-326-9865

For State Use Only

APPROVED BY Accepted For Record TITLE _____ DATE _____

Conditions of Approval (if any):

W