

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

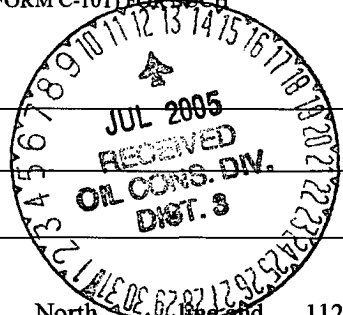
State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
March 4, 2004

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

WELL AP/NO. 30-045-33152
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

<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-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name  <b>Eagle</b>
	8. Well Number  <b>#750S</b>
2. Name of Operator <b>Burlington Resources Oil &amp; Gas Company LP</b>	9. OGRID Number 14538
3. Address of Operator <b>P.O. Box 4289, Farmington, NM 87499-4289</b>	10. Pool name or Wildcat Basin Fruitland Coal - 71629
4. Well Location  Unit Letter <u>D</u> : <u>665</u> feet from the <u>North</u> line and <u>1125</u> feet from the <u>West</u> line  Section <u>16</u> Township <u>32N</u> Range <u>9W</u> NMPM Rio Arriba County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	



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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

7/6/05 RIH w/8 3/4" bit & tagged cmt @110'. 7/8/05 D/O cmt & ahead to 3405'. Reached intermediate TD @ 1845 hrs 7/8/05. Circulate hole. 7/9/05 RIH w/79 jts of 7" 20# J55 ST&C csg set @ 3403'. Pumped preflush of 10bbls FW, 10bbls mud, 10bbls H2O. Pumped 9sxs (27cu-5bbls)scavenger cmt w/3% CaCl2, .25pps Cell-o-Flake, 5pps LCM1, .4% FL52, .4%SMS, 8% GEL. Cemented lead w/406sxs (866cu-154bbls) prem lite w/3% CaCl2, .25pps Cell-o-Flake. Tail in w/90sxs(124cu-22bbls)Type 3 cmt w/ .25% Cell-o-Flake, 3% CaCl2. Bump plug @ 1743 hrs 7/9/05. Circulated 36bbls of cmt to reserve pit. ND RD Rig released 2359 hrs 7/9/05 Will show casing PT on next report. PT will be conducted by completing rig.

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 Amanda Sandoval TITLE Regulatory Assistant II DATE 7/12/05

Type or print name Amanda Sandoval E-mail address: asandoval@br-inc.com Telephone No. 505-326-9891

(This space for State use)

APPROVED BY Chale TITLE SUPERVISOR DISTRICT # 3 DATE JUL 12 2005  
Conditions of approval, if any: