	Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources				Form C-103 Jun 19, 2008	
	District I 1625 N. French Dr., Hobbs, NM 88240				WELL API NO.		
	District II				30-045-35417		
	1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			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. NM-03717		
	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				 Lease Name or Unit Agreement Name Houck Com 		
	PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other				8. Well Number 2		
	2. Name of Operator				9. OGRID Number		
	Burlington Resources Oil Gas Company LP				14538		
	3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289				10. Pool name or Wildcat Blanco MV/Basin DK		
	4. Well Location						
1	Unit Letter E : 1570 feet from the North line and 1114 feet from the West line						
	Section 7	Township 29N	Range		NMPM	San Juan County	
i		11. Elevation (Show wheth	er DR, RKB 5784' GR	, RT, GR, etc.)			
	12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					Other Data	
	NOTICE OF INTENTION TO: SUBSEQUE PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE X					REPORT OF: ALTERING CASING P AND A	
		-	-				
	OTHER: OT						
Proposed perforations are: MV - 3799' - 4812'; DK - 6477' - 6699' These perforations are in TVD.						n and methodology will be	
	BR will use some form of the subt	orm of the subtraction method to establish an allocation for commingled wells.					
	Notification of the intent to commingle the subject well was sent to all interest owners via certified mail on 12/10/12. No objections were eceived.						
		DHC 371	18 45	!			
	hereby certify that the information above is true and complete to the best of my knowledge and belief.						
	SIGNATURE (Marn	1. 0 - 1.		gulatory Techn		DATEJ12	
	Type or print name Arleen White E-mail address: arleen.r.white@conocophillips.com PHONE: 505-326-9517						
	For State Use Only	Λ.	A				
	APPROVED BY:	tim TIT	LE	RVISOR DIST	HICT # 3	DATE JAN 2 2 2013	
	Conditions of Approval (if any):	Î	\checkmark				

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