

Submit One Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., 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

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

Form C-103
Revised November 3, 2011

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.)		WELL API NO. 30-045-22729
1. Type of Well: <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Burlington Resources Oil Gas Company LP		6. State Oil & Gas Lease No. B-10405-54
3. Address of Operator PO Box 4289, Farmington, NM 87499		7. Lease Name or Unit Agreement Name
4. Well Location Unit Letter <u>B</u> : <u>1150</u> feet from the <u>North</u> line and <u>1720</u> feet from the line <u>East</u> Section <u>23</u> Township <u>31</u> Range <u>10</u> NMPM _____ County <u>San Juan</u>		8. Well Number Atlantic Com D 11
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6149'		9. OGRID Number 14538
		10. Pool name or Wildcat Blanco PC

RCVD APR 22 '13
OIL CONS. DIV.
DIST. 3

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		<input checked="" type="checkbox"/> Location is ready for OCD inspection after P&A	
<input checked="" type="checkbox"/> All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.			
<input checked="" type="checkbox"/> Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.			
<input checked="" type="checkbox"/> A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			

OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.

- ☒ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- ☒ Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.
- ☒ If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.
- ☒ All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)
- ☒ All other environmental concerns have been addressed as per OCD rules.
- ☒ Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.
- ☒ If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well location, except for utility's distribution infrastructure.

When all work has been completed, return this form to the appropriate District office to schedule an inspection.

SIGNATURE Sherri Grana TITLE Staff Regulatory Technician DATE 4-19-13
TYPE OR PRINT NAME Sherri Grana E-MAIL: sherri.grana@cop.com PHONE: 505-326-9564

For State Use Only

APPROVED BY: Paul White TITLE Deputy Oil & Gas Inspector, District #3 DATE 5-6-2013
AV

ConocoPhillips

Reclamation Form:

Date: 2-14-2013

Well Name: Atlantic com D #11 PTA

Footages: _____ Unit Letter: _____

Section: _____, T-____-N, R-____-W, County: _____ State: _____

Reclamation Contractor: _____

Reclamation Date: _____

Road Completion Date: _____

Seeding Date: _____

****PIT MARKER STATUS (When Required):** Picture of Marker set needed

MARKER PLACED : _____ (DATE)

LATITUDE: _____

LONGITUDE: _____

Pit Manifold removed _____ (DATE)

Construction Inspector: Norman Faver Date: 2-14-2013

Inspector Signature: Norman Faver

Office Use Only:
Subtask _____
DSM _____
Folder _____
Pictures _____
Revised 11/4/10

This well could possible
FAN has vegetation
Snow

Fee / State PTA list