

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
Jun 19, 2008

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

WELL API NO. 30-039-31161
5. Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. E-5184-49
7. Lease Name or Unit Agreement Name SAN JUAN 29-7 UNIT
8. Well Number 93C
9. OGRID Number 14538
10. Pool name or Wildcat Blanco MV/ Basin DK

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator Burlington Resources Oil Gas Company LP	
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289	
4. Well Location Unit Letter J : 2636 feet from the South line and 2206 feet from the East line Section 02 Township 29N Range 7W NMPM Rio Arriba County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6832' GR	

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

NOTICE OF INTENTION TO: 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 COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
OTHER:	OTHER: FIRST DELIVERY 6/17/13 <input checked="" type="checkbox"/>

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 delivered through Gas Recovery Completion. Started selling on the MV on 6/17/13, MV & DK flowing together on 6/19/13. Finished the Gas Recovery Completion on 6/25/13.

TP: N/A CP: N/A Initial MCF: 10892

Meter No: 91103

Gas Co.: ENT

Proj. Type: GAS RECOVERY COMPLETION

RCVD JUN 27 '13

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 Arleen White TITLE Staff Regulatory Technician DATE 6/26/13

Type or print name Arleen White E-mail address: arleen.r.white@conocophillips.com PHONE: 505-326-9517

For State Use Only

APPROVED BY: **ACCEPTED FOR RECORD** TITLE _____ DATE **JUL 10 2013**

Conditions of Approval (if any):

AV