Submit 2 Conice To Appropriate District				
Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		WELL API NO.	
District I 1625 N. French Dr., Hobbs, NM 88240	Shorg, minoruis and Matural Resources		30-045-35212	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease STATE FEE	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		6. State Oil & Gas	
District IV	Santa Fe, NM 87505			
1220 S. St. Francis Dr., Santa Fe, NM 87505				
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			7. Lease Name or Unit Agreement Name Mangum SRC	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other P&A			8. Well Number 100	
2. Name of Operator			9. OGRID Number	
BURLINGTON RESOURCES OIL & GAS, LP 3. Address of Operator			14538 10. Pool name or Wildcat	
P.O. Box 4289, Farmington, NM 87499-4289			Basin FC / Fulcher PC	
4. Well Location				
Unit Letter A: 970	feet from the <u>North</u> line a	and <u>797</u> f	eet from the <u>East</u>	line
Section 29 Township 29N Range 11W NMPM San Juan County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5403'				
12. Check A	Appropriate Box to Indicate Na		. Report or Other D	Data
			·	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				ALTERING CASING 🔲 ' P AND A 🛛 🗖
PULL OR ALTER CASING				
DOWNHOLE COMMINGLE				
OTHER: OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date				
	rk). SEE RULE 1103. For Multipl			
Burlington Resources Oil &	Gas Company, I P wishes	to rescind the	APD for this wel	I that was originally
approved on 5/25/11. This				. .
				VD DEC 31'13 L CONS. DIV.
				DIST. 3
				VLJI, U
Spud Date:	Rig Rele	ased Date:		ł
I hereby certify that the information	above is true and complete to the be	et of my knowled	ge and helief	
Thereby certify that the information		st of my knowled	ge and benef.	
SIGNATURE				
Type or print name Patsy Clugston E-mail address: PHONE: 505-326-9518				
For State Use Only				
	· · · · · · · · · · · · · · · · · · ·			DATE IAN 1 5 2014
APPROVED BY	UNDOW TITLE U	ne hia	rager	DATEJAN 1 5 2014
Conditions of Approval (if an):				

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