Submit 3 Copies To Appropriate District	State of New Mexico			
Office District I	Energy, Minerals and Natural Resources		WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240	<u> </u>		30-045-35339	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III	1220 South St. Francis Dr.		STATE State Oil & Gas	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		6. State Oil & Gas Lease No. B-11017-64	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Salita Pe, Nivi 87303		D-1	1017-04
87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name	
(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			Brookha	aven Com G
PROPOSALS.)				
1. Type of Well: Oil Well Gas Well Other P&A			8. Well Number 9E	
2. Name of Operator			9. OGRID Number	
BURLINGTON RESOURCES OIL & GAS, LP			14538	
3. Address of Operator			10. Pool name or Wildcat	
P.O. Box 4289, Farmington, NM 87499-4289			Basin DK	
4. Well Location				
Unit Letter 1: 1720'	feet from the South lin	ne and	_feet from theEa	ast line
Section 16	Township 31N Ran	ge 11W	NMPM San Jua	n County
	11. Elevation <i>(Show whether DR,</i> 599	•		
12. Check	Appropriate Box to Indicate N	ature of Notice,	Report or Other D	ata
NOTICE OF IN	ITENTION TO:	SUB	SEQUENT REP	ORT OF
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK				LTERING CASING \Box
TEMPORARILY ABANDON				ANDA
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				_
DOWNHOLE COMMINGLE				
_				
OTHER: rescind APD	1	OTHER:		
	eleted operations. (Clearly state all pork). SEE RULE 1103. For Multiple			
or recompletion.	ork). SEE ROLE 1103. For Multipl	ie Completions: At	tach wendore diagram	i of proposed completion
or recompletion.				
Burlington Resources Oil &	Gas Company I P wishes	to rescind the	APD for this well	that was originally
approved on 1/29/12. This				
approved on 1/29/12. This	well has been cancelled at	uns une. No	surface disturbar	ice has taken place
			nai	56% 5%5776 474 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
			2.007	ND DEC 31'13
				LCONS.DIV.
				DIST. 3
Spud Date:	Dia Dala	ased Date:		
Spud Date.	Kig Kelea	ased Date.		
			,	
I hereby certify that the information	above is true and complete to the be	est of my knowledg	e and belief.	
$\mathcal{M}_{\mathcal{A}}$				
SIGNATURE TOLLAND	TITLE_	Staff Regulatory	Technician DATE	12/26/13
Tune or print name Detay Classic	n E mail add	DUONE	505 226 0519	
Type or print name Patsy Clugsto For State Use Only	n E-mail address:	PHONE:	505-326-9518	*** ** ** **
Tot State Use Only				
APPROVED BY	TITLE!	ine wa	TT 1000	DATE JAN 1 5 2014.
Conditions of Approval (if any):		,	- Comment	

