Submit 3 Copies To Appropriate District Office <u>District I</u>	State of New Mexico Energy, Minerals and Natural Resources		WELL API NO. 30-045-35457
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	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		 5. Indicate Type of Lease
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 Heaton
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other P&A			8. Well Number 1B
2. Name of Operator BURLINGTON RESOURCES OIL & GAS, LP			9. OGRID Number 14538
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289			10. Pool name or Wildcat Basin DK / Blanco MV
4. Well Location Unit Letter F: 2262' feet from the North line and 2094 feet from the West line			
Unit Letter F: 2262' Section 33		·	feet from theWestline NMPM San Juan County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5812'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	TENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN	LLING OPNS. P AND A
OTHER: rescind APD		OTHER:	
of starting any proposed wo or recompletion.	rk). SEE RULE 1103. For Multipl	e Completions: At	d give pertinent dates, including estimated date tach wellbore diagram of proposed completion
			APD for this well that was originally urface disturbance has taken place.
			RCVD DEC 31'13 OIL CONS. DIV. DIST. 3
			1
Spud Date:	Rig Relea	ased Date:	
I hereby certify that the information a	above is true and complete to the be	est of my knowledg	e and belief.
SIGNATURE falsy	Chi TITLE_	Staff Regulatory	Technician DATE 12/26/13
Type or print name Patsy Clugston For State Use Only	E-mail address:	PHONE:	505-326-9518
APPROVED BY Conditions of Approval (if any):	TITLE C	ine man	age IT, DATE 1-15-14

A