Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Jun 19, 2008
1625 N. French Dr., Hobbs, NM 88240	6,,	WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-045-23138 5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. B-1040551
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 Atlantic Com C
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other		8. Well Number 10
2. Name of Operator		9. OGRID Number
Burlington Resources Oil Gas Company LP		14538
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289		10. Pool name or Wildcat Blanco Pictured Cliffs
4. Well Location		
Unit Letter C: 865 feet from the North line and 1500 feet from the West line		
Section 23	Township 31N Range 10W 11. Elevation (Show whether DR, RKB, RT, GR, etc.,	NMPM San Juan County
6279' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEMEN	TJOB RCVD APR 24'14 OIL CONS. DIV.
OTHER:	□	ready for OCD inspection after P&A
NOTE: Cathodic Protection Equipm	ent on location also protects the Atlantic Com B 8A (3	
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All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It show 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 MARKERS 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.)		
	en abandoned in accordance with 19.15.35.10 NMAC.s.	All fluids have been removed from non-
When all work has been completed, return this form to the appropriate District office to schedule an inspection.		
SIGNATURE Allie Staff Regulatory Technician DATE 4/32/14		
	se E-mail address: dollie.l.busse@conocoph	illips.com PHONE: 505-324-6104
For State Use Only	Deputy Oil & Ga	as Inspector,
APPROVED BY: Symples Conditions of Approval (if any):	TITLE Distric	t #3