

**Submit 1 Copy To  
Appropriate District**

**Office**

District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

**State of New Mexico  
Energy, Minerals and Natural Resources**

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

**Form C-103**  
Revised July 18, 2013

<b>WELL API NO.</b> 30-045-06098	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.  E-3148-20	
7. Lease Name or Unit Agreement Name MOBIL NEW MEXICO B COM	
8. Well Number #1	
9. OGRID Number 14538	
10. Pool name or Wildcat Basin Dakota	
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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, LP	
3. Address of Operator P.O. Box 4289, Farmington, NM 87499- 505-326-9700	
4. Well Location Unit Letter <u>P</u> ; <u>790</u> feet from the <u>South</u> line and <u>790</u> feet from the <u>East</u> line  Section <u>32</u> Township <u>27N</u> Range <u>9W</u> NMPM <u>San Juan</u> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6523'	

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was re-delivered on 4/28/14 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED; WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO DOWNHOLE EQUIPMENT ISSUES

TP: 381 CP: 374 Initial MCF: 303

**OIL CONS. DIV DIST. 3**

Meter No. 75231

Gas Co: ENT

Proj. Type: REDELIVERY

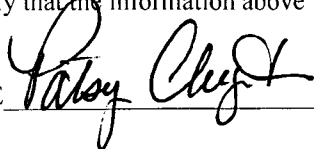
**MAY 07 2014**

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE



TITLE STAFF REGULATORY TECHNICIAN DATE: 5/1/14

Type or print name

E-mail address:

PHONE:

**For State Use Only**

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

**AV**