

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

WELL API NO. <b>30-045-05613</b>	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. <b>B-9096-14</b>	
7. Lease Name or Unit Agreement Name <b>Huerfano Unit Com</b>	
8. Well Number <b>#134</b>	
9. OGRID Number <b>14538</b>	
10. Pool name or Wildcat <b>Basin Dakota</b>	
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 PROPOSALS.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator <b>Burlington Resources Oil &amp; Gas, LP</b>	
3. Address of Operator P.O. Box 4289, Farmington, New Mexico 87499-4239	
4. Well Location Unit Letter <b>J</b> ; <b>1650</b> feet from the <b>South</b> line and <b>1650</b> feet from the <b>East</b> line Section <b>36</b> Township <b>26N</b> Range <b>10W</b> NMPM <b>San Juan</b> County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>6699' GR</b>	

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 ☐  
Redelivery Sundry ☒  
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 7/9/2014 and produced natural gas and entrained hydrocarbons.

Note: Re-delivered on 7/9/14 after being shut-in for more than 90 days due to surface equipment issues.

TP: 410 CP: 490 Initial MCF: 466  
Meter: 14035 Gas Co: Enterprise Project Type: Redelivery

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 Patsy Clugston TITLE Staff Regulatory Technician DATE 7/10/14

Type or print name Patsy Clugston E-mail address: Patsy.L.Clugston@conocophillips.com PHONE: 505-326-9518

For State Use Only

APPROVED BY Accepted for Record TITLE W DATE \_\_\_\_\_  
Conditions of Approval (if any):