Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Na	tural Resources	WELL API NO.	Jun 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II	OIX GONGERNAEIO	NI DIMIGIONI		5-60071
1301 W. Grand Ave., Artesia, NM 88210			5. Indicate Type of L	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE 🛛
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM	8/303	6. State Oil & Gas L	ease No. EE
87505	CDC AND DEDODES ON WELL			
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.)			7. Lease Name or Unit Agreement Name Dalsant	
1. Type of Well: Oil Well ☐ Gas Well ☒ Other			8. Well Number 1	
2. Name of Operator			9. OGRID Number	
Burlington Resources Oil Gas Company LP 3. Address of Operator			14538 10. Pool name or Wildcat	
P.O. Box 4289, Farmington, NM 87499-4289				Mesaverde
4. Well Location				
Unit Letter A: 790	feet from the North	line and990		
Section 24 Township 32N Range 12W NMPM San Juan County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6593' GR				
12. Check A	appropriate Box to Indicate	Nature of Notice,	Report or Other Da	ita
of starting any proposed wo or recompletion.	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL Ceted operations. (Clearly state alork). SEE RULE 1103. For Multore than 90 days due to equipme	iple Completions: At	T JOB P A E-DELIVERY d give pertinent dates, is trach wellbore diagram	of proposed completion
initial MCF of 249.		nt issues . Returned	to production on <u>8///14</u>	and produced an
TP: 361 CP: 361 Initial	MICF: 249			
Meter No.: 34029 Gas Co.: Williams			OIL CONS. DIV DIST. 3	
Project Type: REDELIV	ERY		AUG 1 5 2	014
pud Date: Rig Released Date:				
I hereby certify that the information	above is true and complete to the	best of my knowledg	ge and belief.	· · · · · · · · · · · · · · · · · · ·
SIGNATURE / Allie	TITLE_	Staff Regulatory	Technician DATE	8/14/14
Type or print name Dollie L. Buss For State Use Only	e E-mail address: dollie	e.l.busse@conocophi	llips.com PHONE: 5	505-324-6104
ACCEPTED FO	R RECORD			AUG 2 2 2014
APPROVED BY:	TITLE		D.	ATE
Conditions of Approval (if any):	A			