

Submit 3 Copies To Appropriate District  
Office  
District I  
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  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Jun 19, 2008

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

WELL API NO. <b>30-045-21394</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-85-37
7. Lease Name or Unit Agreement Name <b>Huerfano Unit</b>
8. Well Number <b>263</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 ☐ Gas Well ☒ Other

2. Name of Operator

**Burlington Resources Oil Gas Company LP**

3. Address of Operator

P.O. Box 4289, Farmington, NM 87499-4289

4. Well Location

Unit Letter **K** : **1650** feet from the **South** line and **1800** feet from the **West** line  
Section **32** Township **26N** Range **10W** NMPM **San Juan County**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
6557' GR

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☒ RE-DELIVERY

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was shut in for more than 90 days due to surface Equipment issues. Returned to production on **8/6/14** and produced an initial MCF of 4 mcf.

TP: 138 CP: 142 Initial MCF: 111

Meter No.: 89-049-01 Gas Co.: EMT

Project Type: REDELIVERY

RCVD SEP 16 '14  
OIL CONS. DIV.  
DIST. 3

Spud Date:

Rig Released 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

8/6/14

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

DATE

Conditions of Approval (if any):

*ke*