Submit 3 Copies To Appropriate District Office	State of New Mo	exide UDE	CUVUET	Form C-103
District I	Energy, Minerals and Nati	ural Resources	Forw	Jun 19, 2008
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-045-25890		
District III 1220 South St. Francis Dr.		5. Indicate Type of Leas	FEE	
1000 Rio Brazos Rd., Aztec, NM 87410.		6. State Oil & Gas Lease		
1220 S. St. Francis Dr., Santa Fe, NM		B-11017	i i	
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit A	Agreement Name
(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			STATE UNICON COM	
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other			8. Well Number #1F	
2. Name of Operator			9. OGRID Number	
BURLINGTON RESOURCES OIL & GAS, LP			14538	
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289			10. Pool name or Wildcat Basin DK / Blanco Mesaverde	
4. Well Location				
Unit Letter O: 1062	feet from the South			East line
Section 16		lange 09W	NMPM San Juan	County
Control of the second	11. Elevation <i>(Show whether DR</i> 6300	' GR		4.多一次
12. Check Ap	propriate Box to Indicate N	lature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUB			SEQUENT REPORT	ΓOF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				RING CASING 🔲 🕹
TEMPORARILY ABANDON) A 🔲
	MULTIPLE COMPL	CASING/CEMEN	T JOB 📙	
DOWNHOLE COMMINGLE				
OTHER:	OTHER: 🛛 Pur	no Repair		
13. Describe proposed or complet	ed operations. (Clearly state all			iding estimated date
of starting any proposed work). SEE RULE 1103. For Multip			
or recompletion.				
11/6/14 MIRLL AWS 731	'. Removed HH. Unseat pu	mn and TOH w/	rod string - Paraffin plu	ıaaod
	lear paraffin for 3 days. 11	•		
_	-		- ,	
	4 RIH w/ 229 jts of 2-3/8",		•	
_	DP, NU head. RIH w/10 bbl	_	•	
·	mp and rods. Seat pump a	_		
_	st. Installed HH and space	d out rods. Chec	ck pump action – OK. I	RD &
released rig 11/19/14.			(DIL CONS. DIV DIS
0.10		ID (NOV 2 5 2014
Spud Date:	Rig Reie	eased Date:		2011
I hereby certify that the information ab	ove is true and complete to the h	est of my knowledg	e and helief	
Thereby certify that the information ab	The is true and complete to the b	est of my knowledg	e and benef.	
SIGNATURE Palsy	TITLE_	Staff Regulatory	Technician DATE 1	1-20-14
Type or print name Patsy Clugston	E-mail address: Pa	ntsy.L.Clugston@co	nocophillips.com PHON	E: 505-326-9518
For State Use Only	Z. DE	PUTY OIL &	GAS INSPECTOR	
APPROVED BY:	TITLE		CT #3 _DATI	# 11/25/14
Conditions of Approval (if any):	A N	DIO IN I	UI IIU DAII	

