

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

Form C-103
Revised July 18, 2013

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

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.)		WELL API NO. 30-045-35552
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator BURLINGTON RESOURCES OIL & GAS, LP		6. State Oil & Gas Lease No. E-5383
3. Address of Operator P.O. Box 4289; Farmington, NM 87499-4289		7. Lease Name or Unit Agreement Name BEAVER LODGE COM
4. Well Location Unit Letter: <u>I</u> <u>2149'</u> feet from the <u>South</u> line and <u>544'</u> line and <u>East</u> feet from line Section <u>32</u> Township <u>30N</u> Range <u>08W</u> NMPM <u>SAN JUAN</u> County		8. Well Number 1M
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6217' GL		9. OGRID Number 14538
		10. Pool name or Wildcat BLANCO MV/BASIN DK

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: 1 ST Delivery Report <input checked="" type="checkbox"/>
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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 first delivered on 1/21/2015 and produced natural gas and entrained hydrocarbons of 5623 MCF.

NOTE: THIS WELL WAS DELIVERED THROUGH THE GAS RECOVERY COMPLETION. STARTED SELLING GAS ON THE MV 1/21/15, MV & DK FLOWING TOGETHER ON 1/22/15 FOR 5 DAYS WITH AVERAGE RATE 1124 MCFD. FINISHED THE GAS RECOVERY COMPLETION ON 1/26/15.

TP: - N/A CP - N/A Initial MCF: 5623

Gas Meter number - 91135 Gas. CO - ENT

Spud Date:

Rig Release Date:

RECEIVED

JAN 28 2015

NMOCD
DISTRICT III

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

SIGNATURE Denise Journey TITLE Staff Regulatory Technician DATE: 1-9-15

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

For State Use Only

APPROVED BY: _____ TITLE ACCEPTED FOR RECORD DATE _____

Conditions of Approval (if any):

AV

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