

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

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. 30-039-05984
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 Company LP		6. State Oil & Gas Lease No. E-291-36
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289		7. Lease Name or Unit Agreement Name Harvey State
4. Well Location Unit Letter <u>O</u> : <u>830</u> feet from the <u>South</u> line and <u>2140</u> feet from the <u>East</u> line Section <u>16</u> Township <u>25N</u> Range <u>6W</u> NMPM <u>Rio Arriba</u> County		8. Well Number <u>4</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6299' GR		9. OGRID Number 14538
		10. Pool name or Wildcat Blanco PC South

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 line leak on K-31. Returned to production on 8/14/15.

TP: 150 CP: 150 Initial MCF: 49

Meter No.: 71221

Gas Co.: ENT

Project Type: REDELIVERY

OIL CONS. DIV DIST. 3

AUG 27 2015

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

SIGNATURE Arleen White TITLE Staff Regulatory Technician DATE 8/26/15

Type or print name Arleen White E-mail address: arleen.r.white@conocophillips.com PHONE: 505-326-9517
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

LC