Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED

OMB No.	1004-	0137
Expires: Ju	ıly 31,	2010

			5. Lease Serial No.	EE LEASE
SUNDRY NOTICES AND REPORTS ON WELLS		6. If Indian, Allottee or Tribe		
		to drill or to re-enter an \.\ (PD) for such proposals./	CAN	NM 73789
	BMIT IN TRIPLICATE - Other ins	tructions on page 2.	7. If Unit of CA/Agreement, 1	Name and/or No.
1. Type of Well		AUU	20 2014 Garret	tt Federal Com 2
Oil Well	Gas Well Other	, and the second second		Federal Com 2 1E
 Name of Operator Burling 	ton Resources Oil & Gas	Company LP	9, API, Well, No	045-24311
3a. Address 3b. Phone No. (include area code) (505) 326-9700		10. Field and Pool or Explora	10. Field and Pool or Exploratory Area	
		(505) 326-9700	Basin Dakota	
4. Location of Well (Footage, Sec., T.,R			11. Country or Parish, State	
Surface Unit M (SV	NSW), 1040' FSL &1000' F	EL, Sec. 13, T29N, R11W	San Juan	, New Mexico
12. CHECK T	HE APPROPRIATE BOX(ES)	TO INDICATE NATURE OF N	IOTICE, REPORT OR OTH	IER DATA
TYPE OF SUBMISSION	TYPE OF ACTION			
X Notice of Intent	Acidize	Deepen	Production (Start/Resume)	Water Shut-Off
 -	Alter Casing	Fracture Treat	Reclamation	Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete	X Other
	Change Plans	Plug and Abandon	Temporarily Abandon	FAN
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal	
Attach the bond under which the w following completion of the involve Testing has been completed. Final determined that the site is ready for	nally or recomplete horizontally, give ork will be performed or provide the led operations. If the operation results Abandonment Notices must be filed of final inspection.)	alls, including estimated starting date of subsurface locations and measured an Bond No. on file with BLM/BIA. Requin a multiple completion or recompletionly after all requirements, including remarks and mation was completed and	d true vertical depths of all pertine aired subsequent reports must be f ion in a new interval, a Form 3160 eclamation, have been completed a	ent markers and zones. Ted within 30 days 1-4 must be filed once and the operator has
	14. Burlington Resources	s requests that the subjec		
•			OIL CONS. DIV D	DIST. 3
			SEP 2 3 20	15

I hereby certify that the foregoing is true and correct. Name (Printed/Typed) Staff Regulatory Technician Dollie L. Busse Title 8/19/14 Signatur EFTED FOR RECORD THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by Title Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify Office that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instruction on page 2)

Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103		
Office <u>District I</u>	Energy, Minerals and Natural Resources	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	30-045-24311		
District III	1220 South St. Francis Dr.	STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM		FEE		
87505 SUNDRY NOTIC	ES AND REPORTS ON WELLS	7. Lease Name or Unit 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 PROPOSALS.)		GARRETT FEDERAL COM 2		
I. Type of Well: Oil Well G	fas Well 🛛 Other	8. Well Number 1E		
2. Name of Operator		9. OGRID Number		
2. Name of Operator Burlington Resources Oil Gas Con		14538		
3. Address of Operator	SEP 2 3 2015	10. Pool name or Wildcat		
P.O. Box 4289, Farmington, NM 874	499-4289	BASIN DK		
4. Well Location		<u> </u>		
Unit Letter M : 1040	feet from the South line and 100	00 feet from the East line		
Section · 13	Township 29N Range 11W	NMPM San Juan County		
	11. Elevation (Show whether DR, RKB, RT, GR, etc.,			
	5561' GR			
12. Check Ap	ppropriate Box to Indicate Nature of Notice,	Report or Other Data		
MOTICE OF INT	TATION TO:	CECUENT DEPORT OF		
NOTICE OF INT PERFORM REMEDIAL WORK □	!	SEQUENT REPORT OF:		
	PLUG AND ABANDON REMEDIAL WOR CHANGE PLANS COMMENCE DRI			
	MULTIPLE COMPL CASING/CEMEN	TIOP PROMAPPING		
DOWNHOLE COMMINGLE	MOETH EL COMM E	T UIL CONS. DIT		
BOWNIOLE COMMINICOLE		UST. 3		
OTHER:	☐ ☑ Location is	ready for OCD inspection after P&A		
5 7				
	compliance with OCD rules and the terms of the Ope			
	ed and leveled. Cathodic protection holes have been			
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It show the				
OPERATOR NAME, LEAS	SE NAME, WELL NUMBER, API NUMBER, QU	JARTER/OUARTER LOCATION OR		
	, TOWNSHIP, AND RANGE. ALL INFORMAT			
PERMANENTLY STAMPED ON THE MARKERS SURFACE.				
	nearly as possible to original ground contour and has	been cleared of all junk, trash, flow lines and		
other production equipment. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been				
removed from lease and well location.				
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not				
have to be removed.) Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
Pipelines and flow lines have been retrieved flow lines and pipelines.		All haids have been temoved from non-		
retrieved flow fines and piperines.	•			
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
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SIGNATURE (WELL WWW	TITLE Staff Regulatory	Tooksision DATE 4/9/14		
SIGNATURE WILL TITLE Staff Regulatory Technician DATE 4914				
Type or print name Arleen White E-mail address: arleen.r.white@conocophillips.com PHONE: 505-326-9517				
For State Use Only / Deputy Oil & Gas Inspector,				
District #3				
APPROVED BY:	TITLE	DATE 61-XNE-ZOH		
Conditions of Approval (if any):	*	di		
		y/P		