

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 Rs., 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.

30-045-34270

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-2737-2

7. Lease Name or Unit Agreement Name

STATE

8. Well Number 1S

9. OGRID Number

14538

10. Pool name or Wildcat

FRC - BASIN CB::FRUITLAND COAL

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

4. Well Location

Unit Letter E Footage 2475' FNL & 990' FWL
Section 16 Township 027N Range 009W SAN JUAN COUNTY

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

6267' GR

12. CHECK APPROPRIATE BOX(ES) 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: ☒ Redelivery

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.

Notes: REDELIVERED / SHUT IN FOR MORE THAN 90 DAYS DUE TO COMPRESSOR ISSUE / RETURNED TO PRODUCTION

OIL CONS. DIV DIST. 3

Spud Date: 9/19/2007

Rig Released Date:

JAN 16 2016

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

SIGNATURE

Dollie Busse

TITLE

Regulatory Technician

DATE

2/11/16

Type or print name

Dollie Busse

E-mail address:

dollie.l.busse@cop.com

PHONE: 505-324-6104

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

xc