

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.

30-045-31876

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

FEE

7. Lease Name or Unit Agreement Name

ALLISON UNIT COM

8. Well Number 122S

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

OIL CONS. DIV DIST. 3

MAR 15 2016

4. Well Location

Unit Letter

I

Footage

2425' FSL & 890' FEL

Section

31

Township

032N

Range

006W

SAN JUAN COUNTY

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

6399' 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: ☐

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: HOLE IN TBG. RIG REPLACED TBG JTS.

Spud Date: 7/30/2004

Rig Released Date:

~~USE CURRENT FORMS~~

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

SIGNATURE

Larissa Farrell

TITLE

Staff Regulatory Tech.

DATE

3/14/16

Type or print name

Larissa Farrell

E-mail address:

farrell@cop.com

PHONE: 505 326 9504

For State Use Only

APPROVED BY:

Monica Kuehling

Conditions of Approval (if any):

DEPUTY OIL & GAS INSPECTOR

DISTRICT #3

DATE

MAR 25 2016

TITLE

AV