Office Office	State of New Mexico		Form C-103
District I	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		30-045-35559
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			FEE
SUNDRY NOTICES 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.)			Allison Unit
1. Type of Well: Oil Well Gas Well Other			8. Well Number 152H
2. Name of Operator			9. OGRID Number
Burlington Resources Oil Gas Company LP			14538
3. Address of Operator			Pool name or Wildcat
P.O. Box 4289, Farmington, NM 87499-4289			Basin Fruitland Coal
4. Well Location			
Unit Letter D : 891	feet from the North	line and116	feet from the West line
Section 21	Township 32N	Range 6W	NMPM San Juan County
	11. Elevation (Show whether D.		
6155' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE			RK ALTERING CASING CASING PAND A
OTHER:		OTHER:	
Describe proposed or comp	leted operations. (Clearly state al ork). SEE RULE 1103. For Multi	l pertinent details, a	nd give pertinent dates, including estimated date Attach wellbore diagram of proposed completion
Burlington Resources reque	ests permission to extend the APD	approval for the su	bject well. OIL CONS. DIV DIST. 3
			MAY 0 3 2016
Spud Date:		leased Date:	
I hereby certify that the information	above is true and complete to the	best of my knowled	ge and belief.
2)	10		
SIGNATURE Alle	Johnson TITLE_	Regulatory Tech	nnician DATE <u>5/2/</u> 16
Type or print name Dollie L. Buss	se E-mail address: dollie	.l.busse@conocoph	illips.com PHONE: 505-324-6104
APPROVED BY: 4 DATE 5/4/16			
APPROVED BY:	TITLE	DISTRIC	DATE SIGHT
Conditions of Approvat (if any):	PY		DAIL 3/ ///6
constitution of approval (if mily).	14		
			/ /

Whist comply with current regulations at time of speed

ADHERE TO PREVIOUS NMOCD CONDITIONS OF APPROVAL