

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Use Current  
OCD FORMS →

Form C-103

Jun 19, 2008

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>30-045-21250</b>
1. Type of Well: <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>BURLINGTON RESOURCES OIL &amp; GAS COMPANY LP</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P. O. Box 4289 Farmington, NM 87499</b>		7. Lease Name or Unit Agreement Name <b>HUERFANO UNIT</b>
4. Well Location Unit Letter <b>C</b> Footage <b>890' FNL &amp; 1750' FWL</b> Section <b>32</b> Township <b>026N</b> Range <b>010W</b> <b>SAN JUAN COUNTY</b>		8. Well Number <b>245</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>' GR</b>		9. OGRID Number <b>14538</b>
		10. Pool name or Wildcat <b>DK - BASIN::DAKOTA</b>

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: ☒ 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.

Notes: WELL WAS SHUT IN DUE TO PRODUCTION EQUIPMENT FAILURE

Spud Date: **4/24/1973**

Rig Released Date:

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

SIGNATURE **Kelly G. Roberts**

TITLE **Staff Regulatory Tech.**

DATE **7/8/16**

Type or print name **KELLY G. ROBERTS**

E-mail address: **kelly.roberts@CoP.com**

PHONE: **326-9775**

For State Use Only

APPROVED BY: **ACCEPTED FOR RECORD**

TITLE

DATE

Conditions of Approval (if any):