

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

SUNDRY NOTICES AND REPORTS ON WELLS		WELL API NO.	
(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.)		30-045-21250	
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 BURLINGTON RESOURCES OIL & GAS COMPANY LP		6. State Oil & Gas Lease No.	
3. Address of Operator P. O. Box 4289 Farmington, NM 87499		7. Lease Name or Unit Agreement Name HUERFANO UNIT	
4. Well Location Unit Letter C Footage 890' FNL & 1750' FWL Section 32 Township 026N Range 010W SAN JUAN COUNTY		8. Well Number 245	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) ' GR		9. OGRID Number 14538	
10. Pool name or Wildcat DK - BASIN::DAKOTA			

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):