

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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

WELL API NO. <b>30-039-26086</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>E-290</b>
7. Lease Name or Unit Agreement Name <b>Johnston A</b>
8. Well Number <b>13M</b>
9. OGRID Number <b>14538</b>
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>6563' GR</b>

**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  
**PO Box 4289, Farmington, NM 87499-4289**

4. Well Location  
Unit Letter **O** : **950** feet from the **South** line and **1670** feet from the **East** line  
Section **36** Township **27N** Range **6W** NMPM **Rio Arriba** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**6563' GR**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/07/2016 MIRU BES 1583. ND WH. NU BOPE. PT BOPE. Test - OK. Pull tbg hanger. POOH w/ tbg. 12/8/16 RIH w/ 4 1/2" tension pkr. Set @ 30'. PT csg to 600#. Test - Failed. POOH w/ Pkr. TOOH w/ tbg. Set 4 1/2" RBP @ 4700'. Set Pkr @ 4650'. PT RBP to 600#. Test - OK. POOH w/ Pkr. Set Pkr @ 5'. Test 4 1/2" csg from 5' - 4700' to 600#. Test - OK. Release Pkr. 12/9/16 ND BOPE. ND tbg head. Backout Lockdown pins. Spear 4 1/2" csg. Pulled to 56,000#. Mandrel came free from WH. Clean Mandrel and Replaced rubbers. Relanded into WH. Secured Lockdown Pins. NU tbg head. NU WH. PT WH to 615#/30min. Test - OK. POOH w/ RBP @ 4700'. 12/12/16 RIH w/ Mill. C/O to PBTB @ 7625'. 12/13/16 RIH w/ 240jts, 2 3/8", 4.7#, J-55 tbg set @ 7519' w/ F-Nipple @ 7517'. ND BOPE. NU WH. RD RR @ 12,000psi. 12/13/2016.

OIL CONS. DIV DIST #3

DEC 27 2016

Spud Date:

Rig Release Date:

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

SIGNATURE Crystal Walker TITLE Regulatory Coordinator DATE 12/27/16  
Type or print name Crystal Walker E-mail address: crystal.walker@cop.com PHONE: (505) 326-9837

For State Use Only  
APPROVED BY: Deputy Oil & Gas Inspector, District #3 DATE 12/30/16  
Conditions of Approval (if any): AV