

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

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.)		WELL API NO. 30-045-21394
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Burlington Resources		6. State Oil & Gas Lease No. E-85-37
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 K : 1650 feet from the South line and 1800 feet from the West line Section 32 Township 26N Range 10W NMPM County San Juan		8. Well Number 263
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6557' GR		9. OGRID Number 14538
		10. Pool name or Wildcat Basin Dakota

12. Check Appropriate Box 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 ☐
CLOSED-LOOP SYSTEM ☐
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was shut in for more than 90 days due to Economics. Returned to production on 1/4/2017.

TP: 189 CP: 189 Initial MCF: 115

Meter No.: 89049 Gas Co.: Enterprise

Project Type: REDELIVERY

OIL CONS. DIV DIST. 3

JAN 10 2017

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 Christine Brock TITLE Regulatory Specialist DATE _____

Type or print name Christine Brock E-mail address: Christine.Brock@cop.com PHONE: 505-326-9775

For State Use Only

APPROVED BY: ACCEPTED FOR RECORD TITLE _____ DATE _____

Conditions of Approval (if any):

AY

216