Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I - (575) 393-6161			Revised July 18, 2013
625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-039-30563	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE	
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No. B-10037-83	
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			7. Lease Name or Unit Agreement Name San Juan 29-7 Unit
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other		8. Well Number 32N	
2. Name of Operator Burlington Resources Oil and Gas Company, LP		9. OGRID Number 14538	
3. Address of Operator P.O. Box 4289, Farmington, NM 87499			10. Pool name or Wildcat Blanco Mesaverde / Basin Dakota
4. Well Location			
Unit Letter N : 895 feet from the South line and 2475 feet from the West line			
Section 32 Township 29N Range 7W NM  11. Elevation (Show whether DR, RKB, RT, GR, etc.)			PM Rio Arriba County
6721'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK			
TEMPORARILY ABANDON			
PULL OR ALTER CASING			
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM			
OTHER: OTHER: REDELIVERY			
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.			
proposed completion of recompletion.			
This well was shut in for more than 90 days due to downhole issue. Returned to production on 3/20/2017.			
TP: 375 CP:	313 Initial MCF: 98		OIL CONS. DIV DIST. 3
			APR 0 5 2017
Meter No.: 88693 Gas Co.: ENTERPRISE			
Project Type: REDELIVERY			
015	n' n l n		
Spud Date:	Rig Release Da	te:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Regulatory Technician DATE 4/4/2017			
Type or print name: Dollie L. Busse E-mail address: dollie.l.busse@conocophillips.com PHONE: 505-324-6104  For State Use Only			
APPROVED BY: Occupied for News TITLE DATE  Conditions of Approval (if any):			
Conditions of Approval (II ally):	12		