| Submit 3 Copies To Appropriate District | State of | New Mex | Form C-103 | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------|---------------------------------------------------------------|---------------------------------------------|--|
| Office District I | Energy, Minerals and Natural Resources | | | WELL API NO. | | |
| 1625 N. French Dr., Hobbs, NM 88240 | 2. | | | | | |
| District II 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | | | 0-045-33813 | |
| District III | 1220 South St. Francis Dr. | | | Indicate Type STATE | of Lease | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | M 87410 Santa Fe, NM 87505 | | | 6. State Oil & G | | |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | | o. State on a G | FEE | |
| 87505 SUNDRY NO | 7 Lease Name c | or Unit Agreement Name | | | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | 7. Ecuse Nume e | 7 Olite i i i i i i i i i i i i i i i i i i | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | | | pepper Martin | |
| t. Type of Well: | | | | 8. Well Number | | |
| | | | | | #111S | |
| 2. Name of Operator | | | | 9. OGRID Num | ber | |
| Burlington Resources Oil & Ga | | | | | 14538 | |
| 3. Address of Operator | (C) | The said | MS. DIN | 10. Pool name o | | |
| P.O. Box 4289, Farmington, NI | M 87499-4289 | | ST. 9 | Basin Fruitland (| Joal / Blanco PC | |
| 4. Well Location | | | | | | |
| Unit Letter N: 1160' feet from the South 787 Unine and 1600' feet from the West line | | | | | | |
| | | | | | | |
| Section 33 | Township | | | NMPM San Jua | n County | |
| TOTAL AND THE STATE OF THE STAT | 11. Elevation (Show w | netner DR, . 6935' (| | , , | 2. 18 18 18 18 18 18 18 18 18 18 18 18 18 | |
| William II was a second and the seco | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | |
| | | | | SEQUENT RE | | |
| PERFORM REMEDIAL WORK | | vП | REMEDIAL WOR | | ALTERING CASING | |
| | | | | _ | | |
| TEMPORARILY ABANDON [| CHANGE PLANS | | COMMENCE DRI | IMENCE DRILLING OPNS. □ PLUG AND □ ABANDONMENT ING TEST AND □ | | |
| PULL OR ALTER CASING [| MULTIPLE | | CASING TEST A | | | |
| | COMPLETION | | CEMENT JOB | | | |
| OTHER: | Commingle | \boxtimes | OTHER: | | | |
| 13. Describe proposed or cor | mpleted operations. (Clear) | v state all p | ertinent details, and | d give pertinent da | tes, including estimated date | |
| 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. | | | | | | |
| Taile Season dock as doctor and a consistent | e al model e a collection de l'Original de l | | 10 10 10 1 | 71(00) 1D1 | D' - 101'0 /D 10 1 | |
| It is intended to drill and complete the subject well in the Basin Fruitland Coal (Pool Code 71629) and Blanco Pictured Cliffs (Pool Code 72359). The production will be commingled according to Oil Conservation Division Order Number 11363. Allocation and methodology | | | | | | |
| will be provided after the well is completed. Commingling will not reduce the value of production. | | | | | | |
| | | | | | | |
| | | | | | | |
| Interest is common, no notification is necessary. | | | | | | |
| Interest is common, no notification is necessary. | | | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below- | | | | | | |
| grade tank has been/will be constructed or closed according to NMOCD guidelines [], a general permit [] or an (attached) alternative OCD-approved plan []. | | | | | | |
| SIGNATURE TITLE Sr. Regulatory Specialist DATE 7/11/06 | | | | | | |
| | | | | | | |
| Type or print name Patsy Clugston E-mail address: pclugston@br-inc.com Telephone No. 505-326-9518 | | | | | | |
| | | | | | | |
| (This space for State use) | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| J. | /h 11 | EX3-70 | RTTM ASSA D AS A C STAN | කිරීම නොක | | |
| APPPROVED BY | = (//M// | TITLE TITLE | SIN CHO SE UNIS | PECTC2, DVSV. | DATE_JUL_1 3 2006 | |
| Conditions of approval, if any: | -11 20 | | | | | |

Ro