Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	Revised May 08, 2003
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-045-12003 5. Indicate Type	ofLogge
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE	FEE 🛛
District IV Santa Fe, NIVI 8/303			6. State Oil & G	as Lease No.	
1220 S. 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				7. Lease Name of	or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				Calvin	
1. Type of Well:				8. Well Number	
Oil Well Gas Well Other					
Name of Operator     Burlington Resources Oil & Gas Company LP				9. OGRID Num 14538	ber
3. Address of Operator				10. Pool name or Wildcat	
PO Box 4289, Farmington, NM 87499  4. Well Location				Basin Dakota	
4. Well Location					
Unit LetterM:_	1190feet from the _	_South_	line and11:	50feet from	theWestline
Section 26	Township 29	N	Range 11W	NMPM	San Juan County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
12. Check A	ppropriate Box to Inc	dicate N	ature of Notice.	Report or Other	· Data
NOTICE OF IN	TENTION TO:			SEQUENT RE	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	· 🗆	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRII	LLING OPNS.	PLUG AND  ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ID 🗆	ADANDONWENT
OTHER:			OTHER: Tubing re	pair	
13. Describe proposed or complete of starting any proposed wo					
or recompletion.	ik). SEE ROLE 1103. F	or wramp	ie Completions. Au	acii welloofe diagi	am or proposed completion
	NU BOP. TOOH w/2-3/8 & CO to PBTD @ 6418'.		ON.		
7/24/03 TOOH w/mill. TIH w/200 jts 2-3/8" 4.7# J-55 tbg, set @ 6350'. SN @ 6349'. ND BOP. NU WH. RD. Rig released.					
			789	10/17/20	AUG 2000
					5 <b>C</b> x
			MG 20	103	Control of
				97 97	C (2000)
I haraby cartify that the information of	denve is true and complet	o to the he		and halias	Call the
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE SIGNATURE		TITLE	Regulatory Supervis	sor	DATE
Type or print name Peggy Cole				Teleph	none No. (505) 326-9700
(This space for State use)	+0	DEPIT	Y 600		AUG -8 2003
APPPROVED BY Chan 7		TTLE	y oil & gas inspec	TOR, DIST	_DATE
Conditions of approval, if any:				• 62	