Suomit 3 Copies 10 Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30045338110000
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE X
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		FEE
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR, USE "APPL	ICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name BECK
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	8. Well Number 1S
2. Name of Operator	33 144 5 344	9. OGRID Number
BURLINGTON RESOURCE	S OIL & GAS COMPANY LP	14538
3. Address of Operator P.O. BOX 4289, FARMINGT	ON NM 87499	10. Pool name or Wildcat FRC / BASIN(FRUITLAND COAL)
4. Well Location		
Unit Letter D: 1000' feet from the FNL line and 955' feet from the FWL line		
Section 02 Township 029N Range 012W State NM County SAN JUAN		
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	·.)
Pit or Below-grade Tank Application	5846 - GR	
		stance from nearest surface water
Pit Liner Thickness: mil		Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON		<u> </u>
TEMPORARILY ABANDON PULL OR ALTER CASING	. <u>==</u>	
TOLL ON ALTER ONDING	MOETH EL COMI E	• • • • • • • • • • • • • • • • • • •
OTHER:		RST DELIVERY 02/22/07 X
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.		
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		E TOUGH DIV. DIST 3 84
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		3551511018
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 .		
111001910	(C.)) of an (attached) medicative OCD-approved plan [].
SIGNATURE !! MILE	JUMILLY TITLE	DATE04/26/07
Time or print all	\ n ===0 / 10=== /	\m_1
Type or print name For State Use Only) E-mail address:	Telephone No (
	d For Record TITLE	
APPROVED BY: A CCONDITION OF Approval (if any):	2 YOV KULONO TITLE	DATE