Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103		
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			Revised May 08, 2003 WELL API NO.	
District II	OIL CONSERVATION DIVISION			30-045-30869	
District III	strict III 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE □ FEE □	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	io Brazos Rd., Aztec, NM 87410 Santa Fe NM 87505			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				E-2526-13	
SUNDRY NOTICES AND REPORTS ON WELLS				7. Lease Name	or Unit Agreement Name
(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				Atlantic D Com	
PROPOSALS.)				8. Well Number	
1. Type of Well:   Oil Well				3B	
2. Name of Operator				9. OGRID Number	
Burlington Resources Oil & Gas Company LP				14538	
3. Address of Operator				10. Pool name or Wildcat Blanco Mesaverde/Basin Dakota	
PO Box 4289, Farmington, NM 87499  4. Well Location				Blanco Mesaver	de/Basili Dakota
Unit LetterG:_	_1380feet from the _	North_	line and	1805feet fr	om theEastline
Section 16	Township 30	0N	Range 10W	NMPM	San Juan County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INT		arouto 11		SEQUENT RE	
PERFORM REMEDIAL WORK $\square$	PLUG AND ABANDON		REMEDIAL WOR	к <u>П</u>	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND
	MULTIPLE COMPLETION		CASING TEST AN	ND 🗆	ABANDONMENT
OTHER:	COMPLETION		OTHER: Spud, o	asing & cement	. 🛛
13. Describe proposed or comple	ted operations. (Clearly	state all r			
of starting any proposed work). SEE RULE 1103.					
8/11/03 RU. TIH w/gauge ring to 7683'. Ran CBL-GR-CCL @ 7680-7250', GR-CCL @ 7250-5774', CBL-GR-CCL					
@ 5774-2900', GR-CCL @ 2900' to surface. TOC @ 3440'. RD.					
				121314	15 76 75
OCT 2003					
				(c) (1)	
				16.2	Service of the servic
				1132	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Tammyllin	Satt	TITLE	Regulatory Special	ist	DATE10/9/2003
Type or print name Tammy Wimsatt				Tele	phone No. (505) 326-9700
(This space for State use)	1		DEPILITY ON A CA	AC INCORPERATOR	72 70.6
APPPROVED BY Charle of	т	TTLE	AMAIL AIT # P.	As inspector, dis	DATECT 1 / A
Conditions of approval, if any:					DATE 1 4 2003

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