

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

AMENDED

Form C-103  
March 4, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 PROPOSALS.)		WELL API NO. 30-039-30002
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>Burlington Resources</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>P.O. Box 4289, Farmington, NM 87499-4289</b>		7. Lease Name or Unit Agreement Name San Juan 29-7 Unit
4. Well Location Unit Letter <u>G</u> : <u>1595</u> feet from the <u>North</u> line and <u>1735</u> feet from the <u>East</u> line Section <u>23</u> Township <u>29N</u> Range <u>7W</u> NMPM Rio Arriba County		8. Well Number #75E
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6231'		9. OGRID Number 14538
		10. Pool name or Wildcat Basin Dakota

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  
**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER ☒ Extend APD expiration date

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐  
RCOD SEP 14 07  
OIL CONS. DIV.  
DIST. 3 ☐

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.

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 ☐.

Wish to extend the APD expiration date on this well.

SIGNATURE Rhonda Rogers TITLE Regulatory Technician DATE 9/13/07  
Type or print name Rhonda Rogers E-mail address: rogerrs@conocophillips.com Telephone No. 505-599-4018

(This space for State use)

APD expires 8/2/2008

APPROVED BY [Signature] TITLE Deputy Oil & Gas Inspector, District #3 DATE OCT 11 2007  
Conditions of approval, if any: **\*\*\*\*AMEND FOOTAGE ON 8/14/07 NOI\*\*\*\***

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