| Submit 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 | CV COVERNAL TO COV | WELL API NO. 30-045-34376 |
| 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATION DIVISION | 5. Indicate Type of Lease |
| <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | STATE FEE S |
| <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM | Santa Fe, NM 87505 | 6. State Oil & Gas Lease No. |
| 87505 | | |
| 1 | ICES AND REPORTS ON WELLS | 7. Lease Name or Unit Agreement Name |
| | SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH | A 10° T7 . *4 |
| PROPOSALS.) | | 8. Well Number 13N |
| 1. Type of Well: Oil Well | Gas Well 🗵 Other | |
| 2. Name of Operator BURLINGTON RES | SOURCES OIL & GAS COMPANY, LP | 9. OGRID Number 14538 |
| 3. Address of Operator | JORGES OIL & GAS COMPANY, EI | 10. Pool name or Wildcat |
| | P.O. BOX 4289, FARMINGTON, NM 87499 | Blanco Mesaverde/ Basin Dakota |
| 4. Well Location | | |
| Unit LetterF_: | 132'feet from theNorth line and162 | 24'feet from theWestline |
| Section 12 To | ownship 32N Range 7W NMPN | M County San Juan |
| | 11. Elevation (Show whether DR, RKB, RT, GR, etc. | |
| Pita Pala and Track A. E. C. | 6354' | sidellares a stille 3 (4) |
| Pit or Below-grade Tank Application | | |
| Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material | | |
| | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | |
| NOTICE OF IN | NTENTION TO: SUB | SEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK | | |
| TEMPORARILY ABANDON | CHANGE PLANS COMMENCE DR | ILLING OPNS.□ P AND A □ |
| PULL OR ALTER CASING | MULTIPLE COMPL CASING/CEMEN | T JOB 🔲 |
| OTHER: | □ OTHER: ⊠ | Spud Report |
| | pleted operations. (Clearly state all pertinent details, an | |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion | | |
| or recompletion. | | |
| | | |
| 1/15/08 MIRU MOTE 211. Sp | and 12 ¼" surface hole @ 09:15hr on 1/15/08. Drill ahe | ead to 229'. Circ hole. RIH w/7its 9 5/8" 32.3# |
| H-40 csg & set @ 224'. Pumpe | ed in preflush 10bbls H2O. Pumped in 76sx (122cf-22t | |
| & displaced w/13bbls H2O. Ci | irc 5bbls cmt to surface. WOC. RD, dig cellar, MO. | RCUD JAN 29 '08 |
| | | KOMI JULI ZJ VO |
| Irchall pt Next & | lepart | OIL CONS. DIV. |
| Joched PI REFI | · · · | DIST. 3 |
| I hereby certify that the information | above is true and complete to the best of my knowledg | re 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 CAME | 7 TITLE Pagulat | om Tachnician DATE 1/28/2008 |
| SIGNATURE / (MACCO) | TITLE Regulat | ory TechnicianDATE1/28/2008 |
| Type or print name Tamra Sessi | ons E-mail address: sessitd@conocophillips.c | om Telephone No. 505-326-9834 |
| For State Use Only | Deputy Oil 8 | k Gas Inspector, |
| APPROVED BY: 4. Vila | | trict #3 DATE FEB 0 4 2008 |
| Conditions of Approval (if any): | THEE . DIO | DAIL |