

State of New Mexico
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

June 16, 2008

SUNDRY NOTICES AND REPORTS ON WELLS (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. 3004520874
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP		6. State Oil & Gas Lease No. E-2659-11
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499		7. Lease Name or Unit Agreement Name HUERFANO UNIT
4. Well Location Unit Letter O : 1070' feet from the FSK line and 1840' feet from the FEL line Section 32 Township 027N Range 010W NMPM SAN JUAN County NM		8. Well Number 227
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR		9. OGRID Number 14538
		10. Pool name or Wildcat WEST KUTZ PICT'D CLIFFS

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 COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: **RE-DELIVERY 02/23/09** ☒

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.

This well was re-delivered after being turned off for more than 90 days on 02/23/09 produced an initial MCF of 56.

TP: 40 CP: 40 Initial MCF: 56

Meter No.: 87362

Gas Co.: EFS

Project Type: REDELIVER

RCVD MAR 13 '09

OIL CONS. DIV.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Regulatory Tech DATE 03/12/09Type or print name Marie E. Jaramillo E-mail address: marie.e.jaramillo@ConocoPhillips.com PHONE: 505-326-9865

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APPROVED BY: Accepted for record TITLE _____ DATE _____Conditions of Approval (if any): 78