Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 June 16, 2008	
1625 N. French Dr., Hobbs, NM 88240	251.0185, 1111101410 4110 1	1105041005	WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		3003926528  5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
District IV 1220 S St Francis Dr., Santa Fe, NM 87505	Santa Fe, NM	1 87505	6. State Oil & Gas Leas E-290-38	se No.
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.)			7. Lease Name or Unit Agreement Name SAN JUAN 27-5 UNIT 8. Well Number 40F	
	Gas Well 🛛 Other		0.0000000	<b>5</b> 20
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP			9. OGRID Number 14	538
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499			10. Pool name or Wildcat BASIN DAKOTA	
4. Well Location				
Unit Letter N : 1175' feet from the FSL line and 1980' feet from the FWL line				
Section 16 Township 027N Range 005W NMPM RIO ARRIBA County NM  11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	6527 ' GR		/	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐				
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS   MULTIPLE COMPL   '	COMMENCE DRI		ID A 🗌
OTHER:		OTHER:	RE-DELIVERY 05/0	5/09
<ol> <li>Describe proposed or compl of starting any proposed wo or recompletion.</li> </ol>	eted operations. (Clearly state rk). SEE RULE 1103. For Mu			
This well was shut in due to a separator change. It was re-delivered on $\underline{05/05/09}$ produced an initial MCF of $\underline{801}$ .				
TP: 770 CP: 770	Initial MCF: 801			
Meter No.: 82996			RCVD MAY 27 '09	
			OIL CONS. DIV.	
Gas Co.: WFS			D	IST. 3
Project Type: REDELIVERY				
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	Λ			
I hereby certify that the information a	bove is true and complete to the	e best of my knowledg	e and belief.	
SIGNATURE WWW.	TITLE	_Regulatory Tech	DATE	05/22/09
Type or print nameMarie E. Jaramillo E-mail address: marie.e.jaramillo@ConocoPhillips.com PHONE:505-326-9865 For State Use Only				
APPROVED BY Accepted	W DOOMS TITLE		DATE	
Conditions of Approval (if any):	I			
	つ()	7/09		
	AV	•		