Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		June 16, 2008 WELL API NO.	
District II	OIL CONSERVATION DIVISION		3004510086	
1301 W Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	rr 🔽
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE FE	
1220 S St Francis Dr., Santa Fe, NM 87505	220 S St Francis Dr., Santa Fe, NM 7505		FEE	
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			7. Lease Name or Unit Agreement Name TURNER A	
			8. Well Number 1	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			o. Wen rumber	
2. Name of Operator			9. OGRID Number 14538	
BURLINGTON RESOURCES OIL & GAS COMPANY LP 3. Address of Operator			10. Pool name or Wildcat	
P.O. BOX 4289, FARMINGTON NM 87499			BLANCO MESAVERDE	
4. Well Location				
			feet from theFWL	_line
Section 34 Township 031N Range 011W NMPM SAN JUAN County NM				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5647 '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 ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐				
PULL OR ALTER CASING				
OTHER:		OTHER:	RE-DELIVERY 06/30/09	
13. Describe proposed or comp				
of starting any proposed we or recompletion.	ork). SEE RULE 1103. For M	fultiple Completions: A	ttach wellbore diagram of prop	osed completion
er recompletion.	•			
This well was shut in due to tubing i	enair It was re-delivered on t	06/30/09 produced an in-	itial MCF of 450	
This went was sharin due to taoing i	epair. It was to delivered on s	produced all III.	mai wo o 437 .	
j.				
TP: 397 CP: 414	Initial MCF: 459		SCAD TAL 30,08	
Meter No.: 71676			DIL CONS. DIV.	
Gas Co.: EFS				_
Project Type: REDELIVERY			DIST. 3	
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I hereby certify that the information	above is true and complete to	the best of my knowledg	ge and belief.	
Ill a satta	CIN (V)			
SIGNATURE	TITLE_	Regulatory Tech	DATE0	7/28/09
Type or printlname Marie Fl Jaras	nillo F-mail address:	marie e iaramillo@Cos	nocoPhillins com PHONE:	505-326-9865
Type or print hameMarie El Jaramillo E-mail address: marie.e.jaramillo@ConocoPhillips.com PHONE:505-326-9865 For State Use Only				
	allegal I may		T) 4 (T) (
APPROVED BY: Accorded of Conditions of Approval (it any):	n rucera IIILE		DATE	
Conditions of Approvin (13 any).	'			