

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

Form C-103
 June 16, 2008

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

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. 3003922413
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 BURLINGTON RESOURCES OIL GAS COMPANY, LP		6. State Oil & Gas Lease No. FEE
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499		7. Lease Name or Unit Agreement Name JOHNSON SRC
4. Well Location Unit Letter I : 1590' feet from the FSL line and 1000' feet from the FEL line Section 07 Township 025N Range 003W NMPM RIO ARRIBA County NM		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 7127' GR		9. OGRID Number 14538
		10. Pool name or Wildcat BLANCO MV / WEST LINDRITH GL-DK

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 04/14/10**

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 shut in due to pipeine maintenance and logging off. It was re-delivered on 04/14/10 produced an initial MCF of **36** .

TP: 580 CP: 220 Initial MCF: 36

Meter No.: 03539

Gas Co.: EFS

Project Type: REDELIVERY

RCVD JUL 8 '10
 OIL CONS. DIV.
 DIST. 3

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

SIGNATURE Tam Sessions TITLE Staff Regulatory Tech DATE 06/30/10

Type or print name Tamra Sessions E-mail address: sessitd@ConocoPhillips.com PHONE: 505-326-9834

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

AS