

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

WELL API NO. <b>3004511447</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. <b>FEE</b>
7. Lease Name or Unit Agreement Name <b>MARK MADDOX</b>
8. Well Number <b>1</b>
9. OGRID Number <b>14538</b>
10. Pool name or Wildcat <b>BLANCO MESAVERDE</b>

**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.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
**BURLINGTON RESOURCES OIL GAS COMPANY, LP**

3. Address of Operator  
**P.O. BOX 4289, FARMINGTON NM 87499**

4. Well Location  
 Unit Letter **H** : **1650'** feet from the **FNL** line and **990'** feet from the **FEL** line  
 Section **15** Township **032N** Range **011W** **NMPM SAN JUAN** County **NM**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**6343 ' GR**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <b>RE-DELIVERY</b>	<b>08/17/10</b> <input checked="" type="checkbox"/>

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 more than 90 days due to equipment repair. Returned to production on **08/17/10** produced an initial MCF of **194**.

TP: 209 CP: 209 Initial MCF: 194

Meter No.: 70694

Gas Co.: EFS

Project Type: REDELIVERY

RCVD AUG 20 '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 08/19/10

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):

*R*