

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.) I. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 3004560079
2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499		6. State Oil & Gas Lease No. FEE
4. Well Location Unit Letter <u>A</u> : <u>880'</u> feet from the <u>FNL</u> line and <u>1030'</u> feet from the <u>FEL</u> line Section <u>33</u> Township <u>032N</u> Range <u>012W</u> NMPM <u>SAN JUAN</u> County <u>NM</u>		7. Lease Name or Unit Agreement Name CULPEPPER MARTIN SRC
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6025' GR		8. Well Number 6
9. OGRID Number 14538		10. Pool name or Wildcat BLANCO MESAVERDE

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: RE-DELIVERY 08/30/10 <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 replacement. Returned to production on 08/30/10 produced an initial MCF of 538.

TP: 230 CP: 225 Initial MCF: 538

Meter No.: 34021

Gas Co.: WFS

Project Type: REDELIVERY

RCVD SEP 27 '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 Tamra Sessions TITLE Staff Regulatory Tech DATE 09/24/10

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):

(Signature)