Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
→ District I	Energy, Mineral	s and Natu	ral Resources		March 4, 2004
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSER	VATION	DIVISION	30-045-08350	
District III	1220 Sout	th St. Fran	ncis Dr.	5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410		Fe, NM 87		6. State Oil & C	FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa 1	0, 14141 07	303	0. State Oil & C NMSF-0782	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN ON THE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				7. Lease Name or Unit Agreement Name Wood	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well	Other	MAY 200		8. Well Number 3	
2. Name of Operator	150 1	<u> </u>		9. OGRID Num	ber .
Burlington Resources Oil & Gas Co	mpany LP	COARS		14538	
3. Address of Operator		W67. 8	A. 21	10. Pool name o	
3401 E. 30 th Street, Farmington, NM	187402	40,9		Blanco Mes	saverde/Basin Dakota
4. Well Location					
Unit Letter <u>H</u> : 1650 feet from the <u>North</u> line and <u>1190</u> feet from the <u>East</u> line					
Section 17	Township 29N	Dam	ige 10W	NMPM Sai	- Ivon County NM
Section 17	11. Elevation (Show v	Ran whether DR.			n Juan County, NM
The Elevation (Snow whether BR, Mr.D., RT, OR, etc.)					
Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)					
Pit Location: UL_H_Sect_17_Twp_29N_Rng_10W_Pit type_Workover_Depth to Groundwater_<50' Distance from nearest fresh water					
well					
feet from theline and _	feet from the	line			
NOTICE OF IN PERFORM REMEDIAL WORK	PLUG AND ABANDO CHANGE PLANS	N 🗆	SUE REMEDIAL WO	SEQUENT RI	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	AND	
OTHER: Workover Pit		\boxtimes	OTHER:		
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.					
Burlington Resources proposes to construct a workover pit. The workover pit will be a lined pit as detailed in Scenario 2 of Burlington's general pit construction plan dated April 26, 2004 on file at the NMOCD office.					
					letailed in Scenario 2 of
					letailed in Scenario 2 of
	plan dated April 26, 20 bove is true and compl	04 on file a	t the NMOCD off	ge and belief. I furt	ther certify that any pit or below-
Burlington's general pit construction I hereby certify that the information a	plan dated April 26, 20 bove is true and compl	ete to the be	t the NMOCD off est of my knowled , a general permit	ge and belief. I furt or an (attached) alter	ther certify that any pit or below-
I hereby certify that the information a grade tank has been/will be constructed or of	plan dated April 26, 20 bove is true and completosed according to NMOCI	ete to the be	est of my knowled a general permit b Regulatory	ge and belief. I furt or an (attached) alter	ther certify that any pit or below- rnative OCD-approved plan .
I hereby certify that the information a grade tank has been/will be constructed or SIGNATURE	plan dated April 26, 20 bove is true and completosed according to NMOCI	ete to the bed guidelines TITL	est of my knowled a general permit E Regulatory lress: charraden	ge and belief. I furt I or an (attached) alter Specialist	ther certify that any pit or below- rnative OCD-approved plan .
I hereby certify that the information a grade tank has been/will be constructed or SIGNATURE Type or print name Cassady Ha (This space for State use)	plan dated April 26, 20 bove is true and completosed according to NMOCI	ete to the bed guidelines TITL	est of my knowled a general permit b Regulatory	ge and belief. I furt I or an (attached) alter Specialist @br-inc.com	ther certify that any pit or below- rnative OCD-approved plan □. DATE 5/6/04 Telephone No. 326-9700 MAY - 7 200 a
I hereby certify that the information a grade tank has been/will be constructed or e SIGNATURE Type or print name Cassady Ha	plan dated April 26, 20 bove is true and completosed according to NMOCI	ete to the bed guidelines TITL	est of my knowled a general permit E Regulatory lress: charraden	ge and belief. I furt I or an (attached) alter Specialist	ther certify that any pit or below- rnative OCD-approved plan □. DATE 5/6/04 Telephone No. 326-9700 MAY - 7 200 a