| Submit 3 Copies To Appropriate District Office   | State of New Mexico                |   | Form C-103                   |                                 |
|--|------------------------------------|---|------------------------------|---------------------------------|
| <u>District I</u> Energy, Minerals and Natural Resources   |                                    | WELL ADINO                              | March 4, 2004                |                                 |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II   | 625 N. French Dr., Hobbs, NM 88240 |   | WELL API NO.<br>30-045-10769 |                                 |
| 1301 W. Grand Ave., Artesia, NM 88210  | OIL CONSERVATION                   |   | 5. Indicate Type             | of Lease                        |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410   |                                    | STATE                                   | FEE                          |                                 |
| District IV  | Santa Fe, NM 87                    | 505                                     | 6. State Oil & Ga            |                                 |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                                    |   | NMSF-07838                   | 6                               |
|  | S AND REPORTS ON WELLS             |   | 7. Lease Name o              | r Unit Agreement Name           |
| (DO NOT USE THIS FORM FOR PROPOSAL   |                                    |   | San Juan 32-9                | Unit                            |
| DIFFERENT RESERVOIR. USE "APPLICAT PROPOSALS.)   | ION FOR PERMIT" (FORM C-101) FO    | Rench                                   | 8. Well Number               |                                 |
| 1. Type of Well:   |                                    |   | 19                           | ·                               |
| Oil Well Gas Well 🛛 Ot   | ther S                             | MAYZON                                  |                              |                                 |
| 2. Name of Operator  |                                    | 1004                                    | 9. OGRID Numb                | er                              |
| Burlington Resources Oil & Gas Com  3. Address of Operator   | pany LP                            |   | 14538<br>10. Pool name or    | Wildcat                         |
| 3401 E. 30 <sup>th</sup> Street, Farmington, NM 8  | 37402                              | 1.3 TV. St                              | Blanco Mesa                  |                                 |
| 4. Well Location   |                                    |   |                              |                                 |
| 211 11 6 pc  |                                    |   |                              |                                 |
| Unit Letter H: 1650 feet from the North line and 990 feet from the East line   |                                    |   |                              |                                 |
| Section 17   | Township 31N Ran                   | ge 9W                                   | NMPM San J                   | uan County, NM                  |
| The state of the s | 1. Elevation (Show whether DR,     | RKB, RT, GR, 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   |                                    |   |                              | stance from nearest fresh water |
| well   >1000'   Distance from nearest surface water   >1000'   Below-grade Tank Location   UL   Sect   Twp   Rng   ;   |                                    |   |                              |                                 |
| feet from theline andfeet from theline   |                                    |   |                              |                                 |
| rect trons thenne and  |                                    |   |                              |                                 |
|  |                                    |   |                              |                                 |
|  | propriate Box to Indicate N        |   |                              |                                 |
| NOTICE OF INTE   |                                    |   | SEQUENT RE                   |                                 |
| PERFORM REMEDIAL WORK  F   | LUG AND ABANDON []                 | REMEDIAL WORK                           |                              | ALTERING CASING                 |
| TEMPORARILY ABANDON 🔲 (  | CHANGE PLANS                       | COMMENCE DRIL                           | LING OPNS.                   | PLUG AND                        |
| DULL OF ALTER CACING   | 4111 TIDLE                         | 04000 7507 41                           |                              | ABANDONMENT                     |
| <del></del>  | MULTIPLE   COMPLETION              | CASING TEST AN CEMENT JOB               | ы Ц                          |                                 |
|  |                                    |   |                              |                                 |
| OTHER: Workover Pit  |                                    | OTHER:                                  |                              |                                 |
| 13. Describe proposed or complete  |                                    |   |                              |                                 |
|  | ). SEE RULE 1103. For Multipl      | le Completions: Att                     | ach wellbore diagi           | ram of proposed completion      |
| or recompletion.   |                                    |   |                              |                                 |
|  |                                    |   |                              |                                 |
| Burlington Resources proposes  | s to construct a workover pit. Th  | ne workover pit will                    | be a lined pit as de         | etailed in sScenario 2 of       |
| Burlington's general pit construction pl   |                                    |   |                              |                                 |
|  |                                    |   |                              |                                 |
| I hereby certify that the information abo  | ove is true and complete to the he | est of my knowledge                     | and baliaf I south           |                                 |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.  |                                    |   |                              |                                 |
| 0  | $\alpha I$                         |   |                              |                                 |
| SIGNATURE CASSAGY  | HanadenTITL                        | E Regulatory S                          | pecialist                    | DATE <u>5/27/04</u>             |
| Type or print name Cassady Harra   | aden E-mail add                    | ress: charraden@                        | br-inc.com                   | Telephone No. 326-9700          |
| 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,  |                                    | *************************************** |                              |                                 |
| (This space for State use)   |                                    |   |                              |                                 |
|  |                                    | Section 1                               |                              | MAY                             |
| APPPROVED BY TEMY  | _ toul TITLE                       | CAU B RU IIU LIU                        | INSPECTOR, DIST. (           | DATE 4 6 200                    |

APPPROVED BY Conditions of approval, if any: