| Submit 3 Copies To Appropriate District Office | | New Mexic | | | Form C-103 | | | | | |
|--|---|-----------------------------------|--|---|--|--|--|--|--|--|
| District I | Energy, Minerals and Natural Resources | | | WELL API NO. | May 27, 2004 | | | | | |
| 1625 N. French Dr., Hobbs, NM 88240 District II | OIL CONCEDUATION DURING | | | 80-045-32416 | | | | | | |
| 1301 W. Grand Ave., Artesia, NM 88210 District III | OIL CONSERVATION DIVISION | | | 5. Indicate Type of | of Lease | | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr. | | | STATE [| FEE _ | | | | | |
| <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM | Santa Fe, NM 87505 | | | 6. State Oil & Gas | | | | | | |
| 87505 | | | | | 0-11-NM | | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A FPNG Com C #100T | | | | | | | | | | |
| DIFFERENT RESERVOIR. USE "APPLIC | SALS TO DRILL OR TO DEEP CATION FOR PERMIT" (FOR!) | M C-101) FOR SI | JCHA | EPN | G Com C #100T | | | | | |
| PROPOSALS.) | | D. | EC 2004 | 8. Well Number | #9R | | | | | |
| 1. Type of Well: Oil Well | Gas Well Other | 1 | 2004 | 33 | | | | | | |
| 2. Name of Operator Burlington Resources Oil & Gas Company LP | | | | | | | | | | |
| 3. Address of Operator | Company Ex | TE U | 37. 3 UV. | 10. Pool name or | Wildcat | | | | | |
| 3401 E. 30 th Street, Farmington, | NM 87402 | 10 | S. | Basin Fruitlar | d Coal | | | | | |
| 4. Well Location | | 1 | C L C L | ·1 | | | | | | |
| Unit Letter <u>D</u> : | 595_feet from the | North line | and 670_ | feet from the | West_line | | | | | |
| Section 16 | Township 32N | Range | 10W N | IMPM Co | ounty San Juan | | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | | | | | | |
| Pit or Below-grade Tank Application or Closure | | | | | | | | | | |
| Pit typeDepth to Groundwater | | water well | Dietance fr | om nearest surface water | | | | | | |
| Pit Liner Thickness: mil | _ | | | | | | | | | |
| | | | | | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | | | | |
| NOTICE OF IN | ITENTION TO: | | SUE | SEQUENT REI | PORT OF: | | | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | ☐ RE | EMEDIAL WOF | | ALTERING CASING | | | | | |
| TEMPORARILY ABANDON | CHANGE PLANS | | DMMENCE DR | ILLING OPNS. | P AND A | | | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | | ASING/CEMEN | T JOB | | | | | | |
| OTHER: | | □ o ⁻ | ΓHER: Spι | ıd Notice | | | | | | |
| | | | . 1 . 1 | | | | | | | |
| 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. | | | | | | | | | | |
| 12/0/04 MIDII Spud well at 2:45 pm on 12/0/04 Drilling shood | | | | | | | | | | |
| 12/9/04 MIRU. Spud well at 3:45 pm on 12/9/04. Drilling ahead. 12/10/04 Drill to 315'. Circ hole clean. TOOH. TIH w/7 jts 9 5/8" 32.3# H-40 ST&C csg set @ 314'. Lead w/236 sxs Type III cmt | | | | | | | | | | |
| w/3% calcium chloride, .25 pps celloflake (302 cu ft). Circ 22 bbls cmt to surface. WOC. NU BOP. PT BOP & csg to 600 psi/30 min. | | | | | | | | | | |
| OK. Drilling ahead. | | | | | _ | | | | | |
| 12/12/04 Drill to intermediate TD @ 3177'. Circ hole clean. TIH w/74 jts 7" 20#, J-55 ST&C csg set @ 3176'. Cmtd w/11 sxs | | | | | | | | | | |
| | | | | | Scavenger Type III cmt w/3% calcium chloride, .25 pps celloflake (23 cu ft). Tail w/376 sxs Premium Lite FM cmt w/3% calcium chloride, .25 pps celloflake, 5 pps LCM-1, 0.4% SMS, 8% gel, 0.4% fluid loss (801 cu ft). Tail w/90 sxs Premium Lite cmt w/3% | | | | | |
| calcium chloride, .25 pps celloflake | | | | Tun W/ / O BAS & ICH | | | | | | |
| , 11 | (124 cu ft). Circ 30 bbls of | emt to surface | | U WH. RD. Rig rele | | | | | | |
| | (124 cu ft). Circ 30 bbls (| emt to surface | | U WH. RD. Rig rele | | | | | | |
| APD ROW related. | (124 cu ft). Circ 30 bbls of | emt to surface | | U WH. RD. Rig rele | | | | | | |
| APD ROW related. | (124 cu ft). Circ 30 bbls of | emt to surface | | U WH. RD. Rig rele | | | | | | |
| | | | . ND BOP. N | | ased. | | | | | |
| APD ROW related. I hereby certify that the information grade tank has been/will be constructed or | above is true and complet | te to the best of | . ND BOP. N | ge and belief. I furthe | ased. | | | | | |
| I hereby certify that the information | above is true and complete closed according to NMOCD | te to the best of guidelines □, a | . ND BOP. N | ge and belief. I furthe or an (attached) altern | ased. | | | | | |
| I hereby certify that the information grade tank has been/will be constructed or SIGNATURE | above is true and complete closed according to NMOCD | te to the best of guidelines □, a | f my knowledgeneral permit | ge and belief. I furthe or an (attached) alternationary SpecialistD | r certify that any pit or belowative OCD-approved plan □. ATE 12/20/04 | | | | | |
| I hereby certify that the information grade tank has been/will be constructed or SIGNATURE Type or print name Joni Clark | above is true and complete closed according to NMOCD | te to the best of guidelines □, a | . ND BOP. N | ge and belief. I furthe or an (attached) alternationary SpecialistD | r certify that any pit or belowative OCD-approved plan ATE 12/20/04 e No. 505-326-9701 | | | | | |
| I hereby certify that the information grade tank has been/will be constructed or SIGNATURE | above is true and complete closed according to NMOCD | te to the best of guidelines □, a | of my knowledgeneral permit Senior Regula br-inc.com | ge and belief. I furthe or an (attached) alternationary Specialist D Telephon | r certify that any pit or belowative OCD-approved plan ATE 12/20/04 e No. 505-326-9701 | | | | | |
| I hereby certify that the information grade tank has been/will be constructed or SIGNATURE Type or print name Joni Clark | above is true and completed closed according to NMOCD E-mail addre | te to the best of guidelines □, a | of my knowledgeneral permit Senior Regula br-inc.com | ge and belief. I furthe or an (attached) alternationary SpecialistD | r certify that any pit or belowative OCD-approved plan ATE 12/20/04 e No. 505-326-9701 | | | | | |