Submit 3 Copies To Appropriate S	tate of New Mexico	Form C-103
District Office District I  Energy, M	linerals and Natural Resources	June 16, 2008
625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II		30-045-26583
1301 W. Gland Ave., Artesia, INV 60210		5. Indicate Type of Lease
1000 Bio Brazos Dd. Aztes, NM 97410		STATE  FEE
District IV Santa Fe, NW 8/303		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		FEE
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name WILMUTH
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		8. Well Number 1A
1. Type of Well: Oil Well Gas Well Other		
2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP		9. OGRID Number 14538
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 4289, FARMINGTON NM 87499		BLANCO MESAVERDE / BLANCO PC
4. Well Location		
Unit Letter P : 480' feet from the FSL line and 900' feet from the FEL line		
Section 26 Township 031N Range 011W NMPM SAN JUAN County NM		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5755' GR		
AND THE STATE OF T		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB		
	o to to octivic	
OTHER: OTHER: RE-DELIVERY 08/26/11		
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 redelivered as a downhole PC/MV commingle. Returned to production on <u>08/26/11</u> produced an initial MCF of 289.		
		2031-12346
TD. 140 CD. 170 In:4:al MCE.	280	
TP: 140 CP: 170 Initial MCF:	289	N DECEMED 9
Meter No.: 95694		RECEIVED %
Weter 110 93094		SEP 2010 =
Gas Co.: EFS		C OIL COME DIVIDION &
045 CVII 215		RECEIVED 011212121212121212121212121212121212121
Project Type: REDELIVERY		\.~~.
		555 SOS ET 81 81 81 81 81 81 81 81 81 81 81 81 81
I hereby certify that the information above is true and	complete to the best of my knowled	ge and belief.
SIGNATURE Tandlessin TITLE Staff Regulatory Tech DATE 09/01/11		
Type or print nameTamra Sessions E-mail address: sessitd@ConocoPhillips.com PHONE:505-326-9834		
For State Use Only	in address. sessind@conocorminps.	COM 111OINEJUJ-J2U-70J4
APPROVED BY: Occoped Sor Pacor Conditions of Approval (if any):	≺ TITLE	DATE
Conditions of Approval (if any):		
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