Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources	June 16, 2008 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-045-35141 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV 1220 S. St Francis Dr , Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. FEE
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		7. Lease Name or Unit Agreement Name VASALY COM
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 1N
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP		9. OGRID Number 14538
3. Address of Operator P.O. BOX 4289, FARMINGT		10. Pool name or Wildcat BLANCO MESAVERDE / BASIN DAKOTA
4. Well Location		
Unit Letter B : 686' feet from the FNL line and 2203' feet from the FEL line Section 22 Township 030N Range 011W NMPM SAN JUAN County NM		
Section 22 Towns	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
	5835' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WOR CHANGE PLANS COMMENCE DRI	_
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	-
OTHER:		LLOWABLE GAS C104 CANCEL
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.		
The completion process was changed from a gas recovery completion to a normal completion. A Test Allowable Gas C104 was		
submitted on <u>04/21/11</u> and approved on <u>04/28/11</u> . This is notice to cancel the Test Allowable Gas C104 due to pipeline install delay.		
delay.		
I hereby certify that the information	above is true and complete to the best of my knowledg	e and belief.
SIGNATURE MMLAN	TITLE Staff Regulatory Tech	DATE 10/05/11
Type or print name Marie E. Jaran	nillo E-mail address: marie.e.jaramillo@Con	ocoPhillips.com PHONE: 505-326-9865
For State Use Only		
APPROVED BY: DATE 10.21-11 Conditions of Approval (if any):		
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