

District Office

Energy, Minerals and Natural Resources

June 16, 2008

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM

87505

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-045-30401

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

FEE

7. Lease Name or Unit Agreement Name

ALLISON UNIT

8. Well Number 23B

9. OGRID Number 14538

10. Pool name or Wildcat

BLANCO MESAVERDE

## 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 PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

BURLINGTON RESOURCES OIL GAS COMPANY, LP

3. Address of Operator

P.O. BOX 4289, FARMINGTON NM 87499

4. Well Location

Unit Letter F : 2180' feet from the FNL line and 2440' feet from the FWL line

Section 19 Township 032N Range 006W NMPM SAN JUAN County NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

6437' GR

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: RE-DELIVERY 06/22/11 ☒

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.

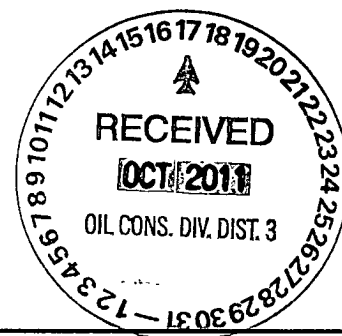
This well was shut in more than 90 days due to downhole issues. Returned to production on 06/22/11 produced an initial MCF of 20 .

TP: 520 CP: 520 Initial MCF: 155

Meter No.: 82306

Gas Co.: WFS

Project Type: REDELIVERY



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tamra Sessions TITLE Staff Regulatory Tech DATE 10/13/11Type or print name Tamra Sessions E-mail address: sessitd@ConocoPhillips.com PHONE: 505-326-9834

For State Use Only

APPROVED BY: Accepted For Record TITLE  DATE 

Conditions of Approval (if any):

N