Submit 3 Copies To Appropriate State of New Mexico	Form C-103
District Office District I  Energy, Minerals and Natural Resources	June 16, 2008
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO. 30-045-34433
1301 W. Grand Ave, Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE  FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No. B-10894-14
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	8. Well Number 133E
1. Type of Well: Oil Well Gas Well Other	0. OGDVD V. 1. 44500
2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP	9. OGRID Number 14538
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499	10. Pool name or Wildcat  BASIN DAKOTA
4. Well Location	
Unit Letter P : 1080' feet from the FSL line and 850' feet from the FEL line	
Section 16 Township 026N Range 009W NMPM SAN JUAN County NM  11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
6348' GR	
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	
CASING/CEMENT	1308
	RE-DELIVERY 08/15/11⊠
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 waiting on pumping unit. Returned to production on 08/15/11 produced an initial MCF of 10.	
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	OIL CONS. DIV.
TP: 13 CP: 14 Initial MCF: 10	
Meter No.: 88486	DIST. 3
Gas Co.: EFS	
Project Type: REDELIVERY	
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief.
SIGNATURE Joseph TITLE Staff Regulatory Tech	DATE10/27/11
Type or print nameTamra 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):	

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