Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		Jun 19, 2008
1625 N French Dr , Hobbs, NM 88240			WELL API NO.
District II	OIL CONSERVATION DIVISION		30-045-34890
1301 W Grand Ave , Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE
District IV 1220 S. St. Francis Dr , Santa Fe, NM	Sama re, Niv.	1 6/303	6. State Oil & Gas Lease No.
87505			
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 Haynie
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 100
2. Name of Operator			9. OGRID Number
Burlington Resources Oil Gas Company LP			14538
3. Address of Operator			10. Pool name or Wildcat
P.O. Box 4289, Farmington, NM 87499-4289			Basin Fruitland Coal
4. Well Location			
Unit Letter B: 675	feet from the North	line and179	0 feet from the East line
Section 4	Township 30N	Range 11W	NMPM San Juan County
	11. Elevation (Show whether		
5789' 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			
			ILLING OPNS. ☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB
DOWNHOLE COMMINGLE			
OTHER: CANCEL APD		OTHER:	
	oleted operations. (Clearly state		nd give pertinent dates, including estimated date
			ttach wellbore diagram of proposed completion
			RCVD APR 18'12
Burlington Resources Oil & Gas wishes to cancel the APD.			OIL CONS. DIV.
24			
	•		DIST. 3
Spud Date:	Rio I	Released Date:	
Spau Bare.			
			
I hereby certify that the information	above is true and complete to the	ne best of my knowled	ge and belief.
SIGNATURE When Kell	uwwa Title	E Staff Regulatory	Technician DATE 4/17/12
SIGNATURE WHO I WE	TILE	Start Regulatory	Technician DATE (11)
Type or print name Arleen Kellyv	wood E-mail address:	arleen.r.kellywood@c	onocophillips.com PHONE: 505-326-9517
For State Use Only			,
	4//	SUPERVISOR DIS	TDICT M.S.
APPROVED BY: (lun)	TITLE	E	DATE 4-19-12
Conditions of Approval (if any):			