Submit 3 Copies To Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
June 16, 2008

WELL API NO. 30-045-09025

5. Indicate Type of Lease STATE ☐ FEE ☒

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 PROPOSALS)

7. Lease Name or Unit Agreement Name **SAMMONS**

8. Well Number **2**

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 **P.O. BOX 4289, FARMINGTON NM 87499**

10. Pool name or Wildcat **BASIN DAKOTA**

4. Well Location
Unit Letter **G** : **1940'** feet from the **FNL** line and **1785'** feet from the **FEL** line
Section **32** Township **030N** Range **012W** NMPM **SAN JUAN** County **NM**

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* **5423' 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	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
OTHER:	☐			OTHER: **RE-DELIVERY**		**03/21/12**	☒

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 equipment repairs. Returned to production on **03/21/12** produced an initial MCF of **947** .

TP: 600 **CP: 600** **Initial MCF: 947**

Meter No.: 32614

Gas Co.: WFS

Project Type: REDELIVERY

RCVD MAY 23 '12
OIL CONS. DIV.
DIST. 3

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 05/21/12

Type or print name Tamra Sessions E-mail address: tamra.d.sessions@ConocoPhillips.com PHONE: 505-326-9834

For State Use Only

APPROVED BY: ACCEPTED FOR RECORD TITLE DATE MAY 23 2012

Conditions of Approval (if any):

ca