Submit 3 Copies To Appropriate District	State of New Me	xico	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	30-039-30662
1301 W. Grand Ave, Artesia, NM 88210 District III	1220 South St. Fran		5. Indicate Type of Lease
1000 Rio Brazos Rd, Aztec, NM 87410		•	STATE FEE 🛛
District IV	Santa Fe, NM 87	303	6. State Oil & Gas Lease No.
1220 S St Francis Dr, Santa Fe, NM 87505			
	ICES 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		San Juan 30-5 Unit Com	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			
PROPOSALS)  1. Type of Well: Oil Well Gas Well Other		8. Well Number 1N	
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		Blanco MV/Basin DK/Basin MC	
4. Well Location			
Unit Letter O: 670 feet from the South line and 1900 feet from the East line			
Section 4 Township 30N Range 5W NMPM Rio Arriba County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6417' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	<del>-</del> -		
TEMPORARILY ABANDON	CHANGE PLANS		<del>_</del>
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	「JOB ∐
DOWNHOLE COMMINGLE			
OTHER APD EXT		OTHER:	
	oleted operations. (Clearly state all r		d 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.			
Burlington Resources wishes to extend the APD approval for the subject well.			
		•	RCVD JUN 14'12
			OIL CONS. DIV.
			DIST. 3
			v.ə. a
	•		
APD EXT EXP. Nes 6-17-2013			
1700 - 1.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
$\alpha = 1/10$			
SIGNATURE WILL FELLY WAS TITLE Staff Regulatory Technician DATE 6-13-12			
Type or print name Arleen Kellywood E-mail address: arleen.r.kellywood@conocophillips.com PHONE: 505-326-9517			
For State Use Only			
ADDROVED DV. / SAM- A	/// S	UPERVISOR DIST	RICT#3 DATE JUN 1 4 2012
APPROVED BY: // Conditions of Approval (if any):	TITLE TITLE		DATE
Conditions of Approval (if any):			