Submit 3 Copies To Appropriate District	State of New Mexico	)	Form C-103
Office District I			May 27, 2004
1625 N. French Dr., Hobbs, NM 88240			ELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		0-045-30404
District III	1220 South St. Francis Dr.		Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	l l	STATE FEE State-Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Bailta Te, Titt Mics Es	(1283)	B-11125-83
87505			<b>D-11123-6</b> 3
	ICES AND REPORTS ON WELLS	nne (2) 7.	Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BA CATION FOR PERMIT" (FORM C-101) FOR SU		Wright Com BR
PROPOSALS.)	C-Wall Modes Cons		
1. Type of Well: Oil Well	1 Well ☐ Gas Well ☑ Other ☑ D.ST. 3		Well Number #1R
2. Name of Operator	V.P.		OGRID Number 14538
Burlington Resources Oil & Gas Company LP			
3. Address of Operator		D. O. O. 10	O. Pool name or Wildcat
3401 E. 30 <sup>th</sup> Street, Farmington,	NM 87402		Ballard Pictured Cliffs
4. Well Location			
Unit Letter E: 1805 feet from the North line and 1160 feet from the West line			
Section 2 Township 25N Range 08W NMPM County San Juan			
Section 2	11. Elevation (Show whether DR, RKE		County San Juan
	11, 20,000 (800 // 1000)	, 1(1) (31), (10)/	
Pit or Below-grade Tank Application or Closure			
Pit typeDepth to GroundwaterDistance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	ITENTION TO:	SUBSE	QUENT REPORT OF:
PERFORM REMEDIAL WORK		MEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	MMENCE DRILLI	
PULL OR ALTER CASING	MULTIPLE COMPL	SING/CEMENT JO	DB 🗆
	_		
OTHER: Rescinding Vacuu	m Operations 🛛 OT	HER:	
12 Describe manual annual	1-4-1	-4.4-4.21 4.2	
			ve pertinent dates, including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
or recompletion.			
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	ject well under vacuum conditions; there	fore, Burlington w	rishes to rescind the previously filed
vacuum operations sundry.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-			
grade tank has been/will be constructed or closed according to NMOCD guidelines, a general permit or an (attached) alternative OCD-approved plan			
SIGNATURE ( JOHN	Clark TITLE S	Senior Regulatory	Specialist DATE 7/26/05
School Togulatory Specialist DATE 1/20/05			
Type or print name Joni Clark	E-mail address: jclark@	br-inc.com	Telephone No. 505-326-9701
For State Use Only	E-mail address: jclark@	br-inc.com	Telephone No. 505-326-9701
For State Use Only	D. DEPUT	br-inc.com Y ON & GAS INSP	Telephone No. 505-326-9701 ECTOR, DIST. 33  JUL 2 6 2005
	E-mail address: jclark@  Manueva TITLE	br-inc.com YOUL & GAS INSP	Telephone No. 505-326-9701  ECTOR, DIST. 63  DATE  DATE