Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Jun 19, 2008 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-045-35255
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 District IV	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		SF-077652
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
1. Type of Well: Oil Well Gas Well Other		8. Well Number East 6N
2. Name of Operator		9. OGRID Number
Burlington Resources Oil Gas Company LP 3. Address of Operator		14538 10. Pool name or Wildcat
P.O. Box 4289, Farmington, NM 87499-4289		MV/DK/Mancos
4. Well Location		
Unit Letter F : 2335	feet from theNorthline and15	40feet from the West _line
Section 23	Township 31N Range 12W	NMPM San Juan County
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 6157' GR	
12. Check Ag	ppropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF INT PERFORM REMEDIAL WORK [] TEMPORARILY ABANDON [] PULL OR ALTER CASING [] DOWNHOLE COMMINGLE []	PLUG AND ABANDON	
OTHER:		
	eted operations. (Clearly state all pertinent details, a k). SEE RULE 1103. For Multiple Completions: A	
Basin Mancos (pool 97232). The pro- Allocation and methodology will be p	subject well in the Blanco Mesaverde (pool 72319) duction will be commingled according to Oil Conser rovided after the well is completed. Commingling we notified in writing of this application.	vation Division Order Number 12984-B.
Proposed perforations are: MV - 2786	5' - 5331' ; DK - 7034' - 7270' ; MNCS – 5332' – 7	033' These perforations are in TVD.
Interest is common, no notification is	-	RCVD FEB 25'13 OIL CONS. DIV.
COPC will use some form of the sub	otraction method to establish an allocation for con	
Spud Date:	Add DASIN MANGS F DH	<u>с 3606 Аг - э////Э</u>
I hereby certify that the information al	pove is true and complete to the best of my knowled	ge and belief.
SIGNATURE <u>henni</u>	TITLE Staff Regulatory Te	<u>chnician</u> DATE <u>2-22-13</u>
Type or print name Sherri Grona	E-mail address: <u>sherri.grona@conocophill</u>	ps.com PHONE: 505-326-9564
For State Use Only	Deputy Oil &	Gas Inspector,
APPROVED BY: Conditions of Approval (if any):		Ct #3 DATE MAR 0 5 2013
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