

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

Form C-103
 June 16, 2008

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 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 PROPOSALS.)		WELL API NO. 30-045-31754
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP		6. State Oil & Gas Lease No. FEE
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499		7. Lease Name or Unit Agreement Name CULPEPPER MARTIN
4. Well Location Unit Letter <u>N</u> : <u>1010'</u> feet from the <u>FSL</u> line and <u>1540'</u> feet from the <u>FWL</u> line Section <u>20</u> Township <u>032N</u> Range <u>012W</u> NMPM <u>SAN JUAN</u> County <u>NM</u>		8. Well Number 100
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5903' GR		9. OGRID Number 14538
		10. Pool name or Wildcat BASIN FRUITLAND COAL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: RE-DELIVERY 12/18/12 <input checked="" type="checkbox"/>	
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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 downhole issues. Returned to production on 12/18/12 produced an initial MCF of 3.

TP: 14 CP: 135 Initial MCF: 3
 Meter No.: 36523
 Gas Co.: WFS
 Project Type: REDELIVERY

RCVD MAR 7 '13
 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 03/06/13

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

For State Use Only

ACCEPTED FOR RECORD

APPROVED BY: _____ TITLE _____ DATE MAR 07 2013

Conditions of Approval (if any): ca