Submit 3 Copies To Appropriate District Office	State of New	·	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources		June 16, 2008 WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	ON DIVISION	30-045-27451
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. F	Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☐
District IV	Santa Fe, NM	I 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-11124-43
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name ATLANTIC D COM A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Number 2R
1. Type of Well: Oil Well Gas Well Other			0.000000
2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP			9. OGRID Number 14538
3. Address of Operator			10. Pool name or Wildcat
P.O. BOX 4289, FARMINGTON NM 87499			BLANCO MESAVERDE
4. Well Location			
Unit Letter B : 1060' feet from the FNL line and 1485' feet from the FEL line			
Section 36 Tov	vnship 031N Range 11. Elevation (Show whether		AN JUAN County NM
6674' 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 MULTIPLE COMPL	COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	1 JOB 📙
OTHER: □ OTHER: RE-DELIVERY 03/09/13 □			
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 waiting on workover rig for tubing repairs. Returned to production on <u>03/09/13</u> produced			
an initial MCF of 439.			
			RCVD MAR 28 '13
TP: 129 CP: 148	Initial MCF: 439		OIL CONS. DIV.
Meter No.: 92564			DIST. 3
Gas Co.: ENT			
Project Type: REDELIVERY			
I hereby certify that the information a	above is true and complete to the	ne best of my knowledg	e and belief.
SIGNATURE 10	TITLE	Staff Regulatory Tech	DATE 03/27/13
SIGNATURE TO STATE STATE STATE STATE STATE OF ST			
Type or print nameTamra Sessions E-mail address: tamra.d.sessions@ConocoPhillips.com PHONE:505-326-9834 For State Use Only			
	FOR RECORD TITLE		MAR 2 9 2012
APPROVED BY:Conditions of Approval (if any):	TITLE	<i>R c</i>	MAR 2 9 2013
Conditions of Approval (if any).		CA	