

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-0398-30983</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. Federal SF-079266
7. Lease Name or Unit Agreement Name
8. Well Number <b>VAUGHN 32N</b>
9. OGRID Number <b>14538</b>
10. Pool name or Wildcat <b>BLANCO MV / BASIN DK</b>

**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.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
**Burlington Resources Oil Gas Company LP**

3. Address of Operator  
P.O. Box 4289, Farmington, NM 87499-4289

4. Well Location  
Unit Letter F : 1790 feet from the North line and 1740 feet from the West line  
Section 29 Township 26N Range 6W NMPM Rio Arriba County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
GR

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
 TEMPORARILY ABANDON  CHANGE PLANS   
 PULL OR ALTER CASING  MULTIPLE COMPL   
 DOWNHOLE COMMINGLE

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  P AND A   
 CASING/CEMENT JOB

OTHER:

OTHER:  CANCEL TAG C104

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.

RCVD MAY 15 '13  
OIL CONS. DIV.  
DIST. 3

Unable to sell gas thru GRS. Gas never reached P/L acceptable levels. Approx. 254,234 mcf was flared during the cleanout process. This well is currently shut-in waiting for the ND C104 to be approved.

Spud Date:

Rig Released Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Patsy Clugston TITLE Staff Regulatory Technician DATE 5/13/13

Type or print name Patsy Clugston E-mail address: Patsy.L.Clugston@conocophillips.com PHONE: 505-326-9518

**For State Use Only**

APPROVED BY [Signature] TITLE Line Manager DATE 6-3-13  
 Conditions of Approval (if any): AV