Submit 3 Copies To Appropriate District Office		of New Mexico Ils and Natural Resource	2	Form C-103 Jun 19, 2008	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Miner		WELL API NO.	WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			<b>30-045-29400</b> 5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		6. State Oil & Gas Leas E-3148		
SUNDRY NOTI (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	Brookhave	7. Lease Name or Unit Agreement Name Brookhaven Com			
1. Type of Well: Oil Well	8. Well Number 7A				
2. Name of Operator Burlington Resources Oil Gas C	9. OGRID Number	9. OGRID Number 14538			
3. Address of Operator		10. Pool name or Wildcat			
P.O. Box 4289, Farmington, NM 8	87499-4289	Otero Chacra/	Blanco MV		
4. Well Location					
Unit Letter [ : 1500		South line and		East line	
Section 36		7N Range 8W whether DR, RKB, RT, GR	NMPM San Juan (	County	
		6029' GR	, eic.)		
12. Check A	Appropriate Box to	Indicate Nature of No	tice, Report or Other Data	······································	
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON	TENTION TO: PLUG AND ABAND CHANGE PLANS MULTIPLE COMPL	ON 🗌 🛛 REMEDIAL	E DRILLING OPNS 🗌 🛛 P AN	RING CASING $\Box$	
		_   _	_		
OTHER: 13. Describe proposed or comp of starting any proposed we or recompletion.					
DHC Application is attached. Due t Owners were notified by certified m attached sundry notice. Please appro	ail August 6, 2013 and	no objections were receive	d. The well was commingled o RCUD OIL C	n 12/30/13 per the JAN 2 14 DNS. DIU. ST. 3	
The sector section	ahaya ia tura and again				
I hereby certify that the information	above is true and com	plete to the best of my know	vledge and belief.		
SIGNATURE DEMIS	miney	TITLERegulatory	<u>Technician</u> DATE	1/2/14	
Type or print name Denise Journ	ey E-mail address:	Denise.Journey@cond	cophillips.com PHONE: 50	5-326-9556	
For State Use Only	<u>,</u> 2 uuu 0.00 <u>.</u>	_		<u> </u>	
APPROVED BY: Wheel,	1 fem		& Gas Inspector, trict #3 DAT	<sub>E</sub> JAN 1 5 2014	
Conditions of Approval (if any):		AV	DAT		
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Submit 3 Copies To Appropriate District	State of New	w Mexico	Form C-
Office <u>District I</u>	Energy, Minerals and Natural Resources		Jun 19,
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-045-29400
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVAT		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St.		STATE 🛛 FEE 🗌
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, N	M 87505	6. State Oil & Gas Lease No. E-3148-20
SUNDRY NOTI	CES AND REPORTS ON W		7. Lease Name or Unit Agreement Nam
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	SALS TO DRILL OR TO DEEPEN CATION FOR PERMIT" (FORM C-	OR PLUG BACK TO A 101) FOR SUCH	Brookhaven Com
1. Type of Well: Oil Well	8. Well Number 7A		
2. Name of Operator	9. OGRID Number		
Burlington Resources Oil Gas Co 3. Address of Operator	14538 10. Pool name or Wildcat		
P.O. Box 4289, Farmington, NM 8	Otero Chacra/Blanco MV		
4. Well Location	······································	<u>.</u>	
Unit Letter [ : 1500	feet from theSout	thline and900	feet from the <u>East</u> line
Section 36	Township 27N	Range 8W	NMPM San Juan County
	11. Elevation (Show whethe	er DR, RKB, RT, GR, etc 6029' GR	
12. Check A	Appropriate Box to Indica	ate Nature of Notice	, Report or Other Data
NOTICE OF IN			BSEQUENT REPORT OF:
	PLUG AND ABANDON		
	CHANGE PLANS		
PULL OR ALTER CASING	MULTIPLE COMPL	] CASING/CEMEN	ИТ ЈОВ
DOWNHOLE COMMINGLE			
OTHER:	Г		
	leted operations. (Clearly sta		nd give pertinent dates, including estimated
			ttach wellbore diagram of proposed comp
It is intended to remove the packer al <b>Chacra (Pool Code 82329).</b> This pr			
			g will not reduce the value of the production
· ·			RCVD JAN 2 '1 d
			OIL CONS. DIV.
		$\pi_{11}$	DICT 9
		DHC	3852 AZ MJI. J
I hereby certify that the information	above is true and complete to	the best of my knowled	ge and belief.
SIGNATURE	ontry TIT	LERegulatory Te	chnician DATE <u>8/5/13</u>
	Λ		
	ev F-mail address:	nise Journey@conocon	hilling com PHONE: 505-326-0556
Type or print name Denise Journe	ey E-mail address: De	enise.Journey@conocopl	hillips.com PHONE: 505-326-9556
Type or print name Denise Journe For State Use Only			
Type or print name Denise Journe For State Use Only APPROVED BY:	ey E-mail address <u>: De</u>		hillips.com PHONE: 505-326-9556 DATE
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