

**Submit 1 Copy To
Appropriate District**

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM
87505

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

WELL API NO. 30-045-06098
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-3148-20
7. Lease Name or Unit Agreement Name MOBIL NEW MEXICO B COM
8. Well Number #1
9. OGRID Number 14538
10. Pool name or Wildcat Basin Dakota

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, LP

3. Address of Operator
P.O. Box 4289, Farmington, NM 87499- 505-326-9700

4. Well Location
Unit Letter P; 790 feet from the South line and 790 feet from the East line

Section 32 Township 27N Range 9W NMPM San Juan County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6523'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was re-delivered on 4/28/14 and produced natural gas and entrained hydrocarbons.

Notes: REDELIVERED; WELL WAS SHUT IN MORE THAN 90 DAYS DUE TO DOWNHOLE EQUIPMENT ISSUES

TP: 381 CP: 374 Initial MCF: 303

OIL CONS. DIV DIST. 3

Meter No. 75231
Gas Co: ENT
Proj. Type: REDELIVERY

MAY 07 2014

Spud Date:

Rig Release Date:

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

SIGNATURE 

TITLE STAFF REGULATORY TECHNICIAN DATE: 5/1/14

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: _____ TITLE AV DATE _____
Conditions of Approval (if any): _____