

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
Jun 19, 2008

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

WELL API NO. 30-045-21394
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-85-37
7. Lease Name or Unit Agreement Name Huerfano Unit
8. Well Number 263
9. OGRID Number 14538
10. Pool name or Wildcat Basin Dakota
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6557' GR

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 K : 1650 feet from the South line and 1800 feet from the West line Section 32 Township 26N Range 10W NMPM San Juan County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 6557' GR

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"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/> RE-DELIVERY	

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 for more than 90 days due to surface Equipment issues. Returned to production on **8/6/14** and produced an initial MCF of 4 mcf.

TP: 138 CP: 142 Initial MCF: 111

Meter No.: 89-049-01 Gas Co.: EMT

Project Type: REDELIVERY

RCVD SEP 4 '14
OIL CONS. DIV.
DIST. 3

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 8/6/14

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

APPROVED BY: AV TITLE AV DATE 8/6/14
Conditions of Approval (if any):