

Submit 1 Copy To Appropriate District 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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-039-26830
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-5111-7
7. Lease Name or Unit Agreement Name SAN JUAN 29-7 UNIT
8. Well Number 180
9. OGRID Number 14538
10. Pool name or Wildcat PC-BLANCO SOUTH

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 87499-4289

4. Well Location
 Unit Letter: A; 745' feet from the NORTH line and 1120' from EAST line
 Section 36 Township 29N Range 7W NMPM SAN JUAN County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6443' GL

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 - Attempt to fix BH leak <input checked="" type="checkbox"/>	
CLOSED-LOOP SYSTEM <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 7/31/15 and produced natural gas and entrained hydrocarbons.

Note: WELL RE-DELIVERED ON 7/07/15 AFTER BEING SHUT-IN FOR MORE THAN 90 DAYS DUE TO PIT TANK REPAIRS

TP: 224 CP: 224 Initial MCF: 44

Meter No: 98-448-01 Gas Company: ENT Project Type: Redelivery

OIL CONS. DIV DIST. 3

AUG 14 2015

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 Denise Journey TITLE Staff Regulatory Technician DATE: 8/12/15

Type or print name Denise Journey E-mail address: Denise.Journey@conocophillips.com PHONE: 505-326-9556

For State Use Only

APPROVED BY: Monica Kuhlberg TITLE DEPUTY OIL & GAS INSPECTOR DATE 8-25-15
 Conditions of Approval (if any): AV

AW