Submit 3 Copies 10 Appropriate District	State of N	lew Mexico	Form C-103
Office District I	Energy, Minerals a	nd Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
District II	OIL CONSERV	ATION DIVISION	30-045-33121
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		St. Francis Dr.	STATE FEE
District IV	Santa Fe,	NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		2345	
87505	CEC AND REPORTS ON	WAS C	7 I wish
(DO NOT USE THIS FORM FOR PROPOS	CES AND REPORTS ON	WEIGHT OF THE PAGESTRA A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT" (FORM	REFIOI) FOR SUCH	Culpepper Martin
PROPOSALS.)	(1011)	DE CU	
1. Type of Well: Oil Well	Gas Well 🛛 Other	E OL CONS. DIV.	8. Well Number #1N
2. Name of Operator		P. DIST. 8	9. OGRID Number 14538
Burlington Resources Oil & Gas Co	ompany LP	PEC.	
3. Address of Operator		(C)	10. Pool name or Wildcat
3401 E. 30 th Street, Farmington, NI	M 87402	CESI BLUS	Blanco Mesaverde/Basin Dakota
4. Well Location		37.6	
Unit LetterO:		_South line and	-
Section 31	Township 32N R	Range 12W NMI	PM San Juan County
A SECTION OF THE PARTY OF	11. Elevation (Show who	ether DR, RKB, RT, GR, et	
"是我们的是我们的人们的	·		
Pit or Below-grade Tank Application 🔲 o	r Closure 🔲		
Pit typeDepth to Groundwa	iter Distance from near	est fresh water wellD	istance from nearest surface water
		\ <u></u>	
Pit Liner Thickness: mil	Below-Grade Tank: Volu	ime DDIS;	Construction Material
12. Check A	appropriate Box to Ind	licate Nature of Notice	e, Report or Other Data
	·		•
NOTICE OF IN	TENTION TO:	SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	☐ REMEDIAL WO	RK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	☐ COMMENCE D	RILLING OPNS.□ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/CEME	<u> </u>
_			_
OTHER: Change of Operations Pl	ans	☑ OTHER:	
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.	,		
•			
It is intended to change the intermed	iate casing depth on the ab	ove referenced well from 2	2444'(as intended) to 4178' (421 sxs cmt), due to
			120' to 200' (147 sxs cmt). VERBAL
APPROVAL WAS RECEIVED FRO	OM HENRY VEILLENU	VA. NMOCD. ON 11/1/05	AT 10:00 AM.
- · · · · - · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	
I hereby certify that the information	above is true and complete	to the best of my knowled	lge and belief. I further certify that any pit or below-
grade tank has been/will-be constructed or	closed according to NMOCD g	uidelines ∐, a general permit [or an (attached) alternative OCD-approved plan .
CICNATURE	10/2011/20 7	TTLE Regulatory Sp	DATE 11/1/05
SIGNATURE	LLUNI	TTLE Regulatory Sp	ecialist DATE 11/1/05
Time or print name	F	decorate	T-1-1-1-1 20 505 205 2500
Type or print name Joni Clark	E-mail ad	ldress: jclark@br-inc.c	om Telephone No. 505-326-9700
For State Use Only	LV	partition of the second of the	mspector, dast. 49 NOV 0 3 200
APPROVED BY:	/10. N -	DEPUTY ON A GAS I	****
	//// // 1	TTLE	DATE
Conditions of Approval (if any):			
	<i>v</i> -		