

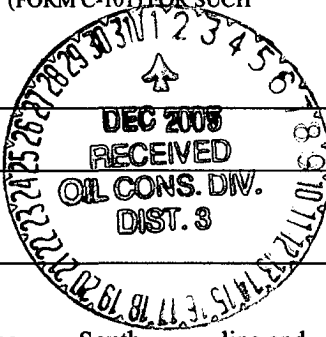
Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
March 4, 2004

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

WELL API NO. 30-045-33121
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Culpepper Martin
8. Well Number #1N
9. OGRID Number 14538
10. Pool name or Wildcat Basin Dakota/ Blanco Mesaverde-72319/71599



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 <u>O</u> : <u>840</u> feet from the <u>South</u> line and <u>1835</u> feet from the <u>East</u> line Section <u>31</u> Township <u>32N</u> Range <u>12W</u> NMPM San Juan County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>5845' GL</u>	

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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/13/05 MIRU Aztec #301. NU BOP. PT BOP,ok. PT csg to 600psi for 30mins. ok. NU RIH w/8 3/4" bit & tagged cmt @ 172'. DO cmt & ahead to 4205'(TD). Intermediate TD reached 11/17/05. Circulate hole. 11/18/05 RIH w/92jts 7" 23# J55 ST&C csg set @ 4194'. Pumped preflush w/100bbls H2O, 10bbls mud, 10bbls H2O. Pumped 19sxs(57cu-10bbls)prem lite w/3%CaCl2, .25pps Cell-o-Flake, 5pps LCM1, .4% FL52, .4% SMS. Lead w/540sxs(1150cu-205bbls)prem lite w/ 3% CaCl2, .25pps Cell-o-flake, 5pps LCM1, .4% FL52, .4% SMS. Tail in w/90sxs(124cu-22bbls)Type 3 cmt w/1% CaCl2, .25pps Cell-o-Flake, .2% FL52. Drop plug and displace w/168bbls H2O. Bump plug to 1550psi. Plug down @ 0318 hrs. Circulated 52bbls of cmt to reserve pit. PT 7" csg 1500psi for 30mins, ok.
11/19/05 RIH w/6 1/2" bit. Drilled ahead to 6965'. TD reached 11/21/05. Circulate hole. RIH w/4 1/2" 161jts 10.5# J55 8rd ST&C csg and on bottom 4 1/2" 2jts 11.6# J55 8rd LT&C csg @ 6964 w/float collar @ 6962'. Pumped preflush w/10bbls gel H2O and 2bbls H2O. Lead w/9sxs(27cu-5bbls)scavenger cmt w/6.25pps LCM1, 1% FL52, .3% CD32, .25pps Cell-o-Flake. Tail in w/195sxs(386cu-69 bbls)prem lite w/.25pps Cell-o-Flake, .3% CD32, 6.25pps LCM1, 1% FL52. Drop plug and displaced w/111bbls of H2O. Bump plug to 800psi. Plug down @ 0851 hrs. RD rig released @1500hrs 11/22/05. Will show top of cmt and csg PT on next report. PT will be conducted by completing rig.

14. I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Amanda Sandoval TITLE Regulatory Compliance Assistant II DATE 11/21/05

Type or print name Amanda Sandoval E-mail address: asandoval@br-inc.com Telephone No. 505-326-9891

(This space for State use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT # 3 DATE DEC 01 2005
Conditions of approval, if any: