

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 Rs., 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.

30-045-22901

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-11124-26

7. Lease Name or Unit Agreement Name

SAN JUAN 32-9 UNIT

8. Well Number 96

9. OGRID Number

14538

10. Pool name or Wildcat

PC - BLANCO::PICTURED CLIFFS

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 COMPANY LP

3. Address of Operator

P. O. Box 4289
Farmington, NM 87499

OIL CONS. DIV DIST. 3

JAN 12 2016

4. Well Location

Unit Letter

O

Footage

830' FSL & 1620' FEL

Section

02

Township

031N

Range

010W

SAN JUAN COUNTY

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

' GR

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☒

MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

P AND A ☐

CASING/CEMENT JOB ☒

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.

Notes: WELL SHUT-IN FOR MORE THAN 90 DAYS DUE TO PRESSUE ISSUES

Spud Date: 5/9/1978

Rig Released Date:

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

SIGNATURE

Crystal Walker

TITLE

Staff Regulatory Tech.

DATE

1/7/14

Type or print name

Crystal Walker

E-mail address:

crystal.walker@ccp.com

PHONE:

326-9837

For State Use Only

APPROVED BY:

Accepted For Record

TITLE

DATE

Conditions of Approval (if any):

RV *File Future Sundrys
on current
Form.