

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.
30-039-25826

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name
SAN JUAN 29-7 UNIT

8. Well Number **91B**

2. Name of Operator
BURLINGTON RESOURCES OIL & GAS COMPANY LP

9. OGRID Number
14538

3. Address of Operator
**P. O. Box 4289
Farmington, NM 87499**

OIL CONS. DIV DIST. 3
FEB 09 2016

10. Pool name or Wildcat
MV - BLANCO::MESAVERDE

4. Well Location
Unit Letter J Footage **1550' FSL & 2020' FEL**
Section 16 Township 029N Range 007W **RIO ARRIBA 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 WAS SHUT-IN FOR 90 DAYS DUE TO TUBING ISSUE.

** USE current Form*

Spud Date: **8/18/1998**

Rig Released Date:

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

SIGNATURE Larissa Farrell TITLE Staff Regulatory Tech. DATE 2-4-16

Type or print name Larissa Farrell E-mail address: Larissa.l.farrell@cop.com PHONE:

For State Use Only

Accepted For Record

APPROVED BY: TITLE DATE

Conditions of Approval (if any):