Submit 1 Copy To Appropriate District Office	France Mineral and Natural Parameter		Form C	-103
District I – (575) 393-6161			Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-045-08968 5. Indicate Type of Lease	
District III - (505) 334-6178	1220 South St. Francis Dr.		STATE FEE	_ 1
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM			B-1003	
87505 SUNDRY NOT	ICES AND REPORTS ON WELL	2.1	7. Lease Name or Unit Agreement Na	ime
(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.)			Beaver Lodge Com	
1. Type of Well: Oil Well Gas Well Other			8. Well Number 1	
2. Name of Operator			9. OGRID Number	
Burlington Resources Oil & Gas Company, LP			14538	
3. Address of Operator			10. Pool name or Wildcat	
PO Box 4289, Farmington, NM 87499-4289			Blanco MV / PC	
4. Well Location				
Section 32	feet from theSouth	Range 8V		ounty
	11. Elevation (Show whether D	DR, RKB, RT, GR, etc	:)	
12. Check	Appropriate Box to Indicate	Nature of Notice	, Report or Other Data	
NOTICE OF IN	ITENTION TO:	CUI	SECULENT BEDORT OF	
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR			BSEQUENT REPORT OF: RK	
TEMPORARILY ABANDON	CHANGE PLANS	RILLING OPNS. P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	The state of the s	
DOWNHOLE COMMINGLE	_			
CLOSED-LOOP SYSTEM				
OTHER: Cancel Recomplete		OTHER:		
	ork). SEE RULE 19.15.7.14 NM.		nd give pertinent dates, including estimate ompletions: Attach wellbore diagram of	d date
Burlington Resources Oil & Gas Co	empany, LP requests to cancel the	Recomplete NOI &	DHC filed 8/12/2010	
			OIL CONS. DIV DIST. 3	
			Side Side Side	
			JUL 2 2 2016	
Spud Date:	Rig Release	Date:		
I hereby certify that the information	above is true and complete to the	best of my knowled	ge and belief.	
SIGNATURE Stal (Valker TITLE Re	gulatory Coordinator	DATE 7/21/2016	
Type or print nameCrystal Wal	4	stal.walker@conoco	phillips.com PHONE:(505) 326-98	37_
For State Use Only Accepte	ed For Record			
APPROVED BY:	TITLE		DATE	
Conditions of Approval (if any):				