Office Office	State of New M	exico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Nati	ural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION		30-039-24473
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178			Indicate Type of Lease
1000 Rio Brazos Rd. Aztec. NM 87410	1220 South St. Fra	incis Dr.	STATE FEE
District IV – (505) 476-3460	Santa Fe, NM 8	7505	State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			FEE
87505			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			SAN JUAN 30-6 UNIT
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-01) FOR SUCH			8. Well Number
1 Type of Well: Oil Well Gas Well Other		483	
2. Name of Operator	Gas Well 🖂 Guier	· Dhe	9. OGRID Number
1/2			
BURLINGTON RESOURCES OIL & GAS, LP			14538
3. Address of Operator			10. Pool name or Wildcat
P.O. Box 4289; Farmington, NM	87499-4289	-70	Basin Fruitland Coal
4. Well Location			
Unit Letter: H; 1330 feet from the North line 790 feet from East line			
Section 34	Township 30N		NMPM Rio Arriba County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
6512' GL			
12. Check	Appropriate Box to Indicate N	Nature of Notice I	Report or Other Data
12. Check report of other bank to material relative of record of other bank			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
The state of the s			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM ☐ OTHER –REDELIVERY ☐			
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			
proposed completion or recompletion.			
This well was re-delivered on 10/14/2016 and produced natural gas and entrained hydrocarbons.			
TP: 5 CP: 61 Initial MCF: 159			
Meter no: Gas Co.	Project Type:	Redelivery	
Smud Datas	Rig Release D	lata	
Spud Date:	Rig Release D	ate.	
I hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief.
1			
2000	>#		
SIGNATURE TITLE Regulatory Technician DATE: 10/31/2016			
	TILL ROLL		AVIVALENCE
Type or print name Kelly G. Roberts E-mail address: kelly.roberts@conocophillips.com PHONE: 505-326-9775			
For State Use Only			
APPROVED BY. ACCEPTED FOR RECORD			
APPROVED BY: ACCEPTED	TITLE		DATE
Conditions of Approval (if any):	A IIILE		DATE
Conditions of Approval (If any):	1-7		