

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-045-11727
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-11122
7. Lease Name or Unit Agreement Name Huerfanito Unit
8. Well Number 106
9. OGRID Number 14538
10. Pool name or Wildcat Ballard 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, LP

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

4. Well Location
 Unit Letter: M ; 990 feet from the South line 890 feet from West line
 Section 2 Township 26N Range 9W NMPM San Juan County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
6247' GL

OIL CONS. DIV DIST. 3
 NOV 1 2016

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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>		OTHER -REDELIVERY <input checked="" type="checkbox"/>	
CLOSED-LOOP SYSTEM <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

This well was re-delivered on 9/19/2016 and produced natural gas and entrained hydrocarbons.

TP: 16 CP: 18 Initial MCF: 58

Meter no: 75447 Gas Co. Enterprise Project Type: Redelivery

Spud Date: Rig Release Date:

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

SIGNATURE Dollie L. Busse TITLE Regulatory Technician DATE: 10/31/2016

Type or print name Dollie L. Busse E-mail address: Dollie.L.Busse@conocophillips.com PHONE: 505-324-6104

For State Use Only

APPROVED BY: ACCEPTED FOR RECORD TITLE N DATE _____
 Conditions of Approval (if any):