

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. 30-045-27596
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-5381-2

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name SAN JUAN 32-9 UNIT
	8. Well Number 202
2. Name of Operator BURLINGTON RESOURCES OIL & GAS, LP	9. OGRID Number 14538
3. Address of Operator P.O. Box 4289; Farmington, NM 87499-4289	10. Pool name or Wildcat BASIN FRUITLAND COAL
4. Well Location Unit Letter: <u>M</u> ; <u>1100</u> feet from the <u>SOUTH</u> line <u>1160</u> feet from <u>WEST</u> line Section <u>02</u> Township <u>31N</u> Range <u>009W</u> NMPM County <u>SAN JUAN</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) ' GL	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER - REDELIVERY <input checked="" type="checkbox"/>	
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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 11/10/2016 and produced natural gas and entrained hydrocarbons.

TP: 60

CP: 60

Initial MCF: 3

Meter no: 14433004

Gas Co. BR

Project Type: Redelivery

OIL CONS. DIV DIST. 3
 NOV 16 2016

Spud Date:

Rig Release Date:

Well Removed from Shut-in Status - Returned to Active.
 I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Christine Brock TITLE Staff Regulatory Technician DATE: 11/15/16

Type or print name Christine Brock E-mail address: Christine.Brock@conocophillips.com PHONE: 505-326-9775

For State Use Only

APPROVED BY: [Signature] TITLE Data Comp Manager DATE 11-22-16

Conditions of Approval (if any):