Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 March 4, 2004	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-045-33120	
District III	1220 South St. Francis Dr.		5. Indicate Type of Leas STATE	se FEE ⊠
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Leas		
1220 S. St. Francis Dr., Santa Fe, NM 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Culpepper Martin	
PROPOSALS.)  1. Type of Well:			8. Well Number	Viaitiii
Oil Well Gas Well X Other			#8B	
2. Name of Operator			9. OGRID Number	
Burlington Resources Oil & Gas Company LP			14538 10. Pool name or Wildcat	
3. Address of Operator P.O. Box 4289, Farmington, NM 87499-4289			Blanco Mesaverde / Basin Dakota	
4. Well Location				
Unit Letter O: 670 feet from the South line and 1965 feet from the East line				
10 <u>40 <u>40 </u> 40  40  40  40  40  40  40  40  40 </u>				
Section 19	Township 32N		NMPM San Juan `	County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5866'				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT REPOR	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K LI ALTE	RING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		AND  IDONMENT
PULL OR ALTER CASING	MULTIPLE  COMPLETION	CASING TEST AND		
OTHER: Extend APD		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.				
or recompletion.				
Plans are still to drill the subject well in the near future. Please extend the APD for this well for another year.				
Extend to 5/31/07				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-				
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .				
SIGNATURE TUTSY Chigh TITLE Sr. Regulatory Specialist DATE 4/20/06				
Type or print name Patsy Ch	ugston E-mail address: pcl	ugston@br-inc.com	Telephone No. 505-3	326-9518
(This space for State use)				
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12		puty on 8 gas in:		APR 25 2006
APPPROVED BY Conditions of approval, if any:	TITLE_		DAT	E
conditions of approval, it ally.			0	
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