

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised May 08, 2003

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

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|---|
| WELL API NO. 30-045-30911 30941 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-10400-1 |
| 7. Lease Name or Unit Agreement Name Atlantic D Com E |
| 8. Well Number 6B |
| 9. OGRID Number 14538 |
| 10. Pool name or Wildcat Blanco Mesaverde/Basin Dakota |

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-100) FOR SUCH PROPOSALS.)

1. Type of Well:
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Burlington Resources Oil & Gas Company LP

3. Address of Operator
PO Box 4289, Farmington, NM 87499

4. Well Location

Unit Letter L : 1385 feet from the South line and 770 feet from the West line

Section 16 Township 30N Range 10W NMPM San Juan County

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

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☒

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

It is intended to deepen the intermediate TD in the subject well to 5100'. Verbal approval was received from Steve Hayden, OCD, on 8/5/03 to change intermediate depth.

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

SIGNATURE Peggy Cole TITLE Regulatory Supervisor DATE

Type or print name Peggy Cole

Telephone No. (505) 326-9700

(This space for State use)

APPROVED BY Steve Hayden TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 00 DATE AUG 26 2003

Conditions of approval, if any: