Submit 3 Copies To Appropriate District Office State of New Me			Form C-1	
<u>District I</u> Energy, Minerals and Natu	ral Resources	VELL API NO	Revised May 08, 20)03
625 N. French Dr., Hobbs, NM 88240 District II		0-045-30820		
101 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		. Indicate Type of	Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE [FEE 🛛	
District IV Santa Fe, NM 8/303		. State Oil & Gas	Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS		. Lease Name or U	Jnit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		lliott Federal 22	-	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				
1. Type of Well:		. Well Number M		
Oil Well Gas Well Other		IVI		
2. Name of Operator		9. OGRID Number		
Burlington Resources Oil & Gas Company LP		14538		
3. Address of Operator PO Box 4289, Farmington, NM 87499		10. Pool name or Wildcat Otero Chacra/Blanco MV/Basin DK		
4. Well Location		nero Chacra/Blanc	O IVI V/Basin DK	
4. Well Education				
Unit Letter P : 990 feet from the South	line and660	feet from the _	Eastline	
	,			
Section 22 Township 30N	Range 11W	NMPM	San Juan County	<u>y</u>
11. Elevation (Show whether DR, 5844' GR	RKB, RT, GR, etc.)		BIGGS W	
12. Check Appropriate Box to Indicate N	ature of Notice, Re	port or Other D	ata	
NOTICE OF INTENTION TO:		QUENT REP		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	□ A	LTERING CASING [J
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐	COMMENCE DRILLI	NG OPNS 🗆 P	LUG AND F	3
TEMPORARILY ABANDON _ CHANGE PLANS _	COMMENCE DRILLI		BANDONMENT	J
PULL OR ALTER CASING MULTIPLE	CASING TEST AND			
COMPLETION	CEMENT JOB			
OTHER:	OTHER:			
13. Describe proposed or completed operations. (Clearly state all p				
of starting any proposed work). SEE RULE 1103. For Multipl or recompletion.	e Completions: Attacl	n wellbore diagram	of proposed complet	tion
•				
Please extend our application for permit to drill.				
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APPEXI. Exp 9-	12-04	Par min Co		
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		W. J. Ul.	0.8	
I hereby certify that the information above is true and complete to the be	st of my knowledge ar	nd belief.		
SIGNATURE Sease ale TITLE	Regulatory Supervisor		DATE 8-20-0	52
Sidim Cia Luquya Tital	Regulatory Supervisor			
Type or print name Peggy Cole		Telephon	e No. (505) 326-9700)
(This space for State use)			0.4	
APPPROVED BY TITLE DEPU	TY OIL & GAS INSPECT	ior, dist. 🙉 🕝	AAUG 2 2 20	กว
Conditions of approval, if any:		D		لا. ك

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