Submit 3 Copies 10 Appropriate District Office	State of New Mexico		Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		May 27, 2004 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30045338400000
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505		6. State Oil & Gas Lease No. FEE
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			7. Lease Name or Unit Agreement Name CULPEPPER MARTIN
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 106S
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP			9. OGRID Number 14538
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499			10. Pool name or Wildcat FRC/BASIN (FRUITLAND COAL)
4. Well Location			
Unit Letter F: 1790' feet from the FNL line and 1955' feet from the FWL line			
Section 30 Township 032N Range 012W State NM County SAN JUAN			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR - 5834 Pit or Below-grade Tank Application or Closure			
		earest fresh water well	Distance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS	N 🔲 REMEDIAL W	DRILLING OPNS. P AND A
_		OTHER:	
OTHER: FIRST DELIVERY 01/19/07 X 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.			
·			RCVD MAR16'07
			OIL CONS. DIV.
			DIST. 3
		ſ	ccepted for record
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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.			
18/1 - 4 / 1	closed according to NMOCI	D guidelines □, a general permi TITLE	
	,	E-mail address:	DATE03/15/07
Type or print name For State Use Only		L-man address:	Telephone No.
APPROVED BY: Conditions of Approval (if any):		TITLE	DATE