Submit 3 Copies 10 Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	23,	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30045338930000
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		FEE
(DO NOT USE THIS FORM FOR PROP	FICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name ALLISON UNIT
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 57N
2. Name of Operator BURLINGTON RESOURCE	ES OIL & GAS COMPANY LP	9. OGRID Number 14538
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 4289, FARMING	FON NM 87499	MV (BLANCO MESAVERDE) / DK (BASIN DAKOTA)
4. Well Location		
Unit Letter_C_:_1200'_feet from the _FNL_ line and _1815'_feet from the _FWL_ line		
Section 13 Township 032N Range 007W State NM County SAN JUAN		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR - 6577		
Pit or Below-grade Tank Application		
Pit type Depth to Groundwater Distance from nearest 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		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WOR	ILLING OPNS. P AND A
OTHER:	□ OTHER:	FIRST DELIVERY 01/25/07 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.		RCUD MAR16'07
		OIL CONS. DIV.
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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.		
SIGNATURE WILLIAM SIGNATURE	Mami Knitle	DATE03/15/07
Type or print name	E-mail address:	Telephone No.
For State Use Only		
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		