Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		March 4, 2004	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			-045-33653
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	0 Rio Brazos Rd., Aztec, NM 87410		STATE FEE 6. State Oil & Gas Lease No.	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa PC, INIVI 87	303	6. State Oil & Ga	as Lease No.
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			Hoodoo	
PROPOSALS.)		8. Well Number		
1. Type of Well:		2S		
Oil Well Gas Well X Other			25	
2. Name of Operator			9. OGRID Number	
Burlington Resources			14538	
3. Address of Operator			10. Pool name or Wildcat	
P.O. Box 4289, Farmington, NM 87499-4289			Basin Fruitland Coal	
4. Well Location				
Unit Letter P: 6	60 feet from the South	line and660	feet from the	East line
Sautian 16	T1:- 25N	D	ND (D) (C)	
Section 16	Township 25N	Range 13W		n Juan County
	11. Elevation (Show whether DR, 628			
	028	0		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUB			SEQUENT RE	PORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			к 🗆	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE	CASING TEST AND		
. 022 017 /22 /23 /03 /03 /03	COMPLETION	CEMENT JOB	. .	
_				
OTHER		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. RCVD MAR20'07				
With a control of A PD control of the control of th				
Wish to extend the APD expiration			, ,	ur vuu. riv. No: 3
extend until 4/4/2008 1131.0				
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 .				
grade tank has been will be constructed by closed according to NWOCD guidennes , a general per lint of an (attached) afternative OCD-approved plan .				
SIGNATURE De Signature TITLE Regulatory Technician DATE 3/19/07				
Type or print name Rhonda Rogers E-mail address: rrogers@br-inc.com Telephone No. 505-599-4018				
(This space for State use)				
				·
MAR 2 0 2007				
APPPROVED BY TITLE DATE DATE				
Conditions of approval, if any:				