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 District II			WELL API NO. 30-045-33654	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE STEE	
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM				•
87505 SUNDRY NOTICES AND REPORTS ON WELLS			7 Lease Na	me 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.) 1. Type of Well:			8. Well Number	
Oil Well Gas Well X Other			18	
2. Name of Operator			9. OGRID N	lumber
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 D:	660 feet from the North	line and 660	feet from the _	West line
Section 16	Township 25N	Range 13W	NMPM	San Juan County
	11. Elevation (Show whether DR,			THE PROPERTY OF THE
	631	6'		
				·
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
				REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WOR		☐ ALTERING CASING ☐
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS.I	☐ PLUG AND ☐
				ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	ND	Ц
	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.				ROUD MARZO 07
Winh an and a data ADD anning	: 4-4 41-i11			OIL CONS. DIV.
Wish to extend the APD expiration	on date on this well	1 1	a La L	N. 3
**************************************	Fittad	I until 4	114/20	108
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 \square , a general permit \square or an (attached) alternative OCD-approved plan \square .				
SIGNATURE Charles TITLE Regulatory Technician DATE 3/19/07				
SIGNATURE OF HEAVE DATE 3/19/07				
Type or print name Rhonda I	Rogers E-mail address: rro	gers@br-inc.com	Telephone N	To. 505-599-4018
		<u> </u>	-	
(This space for State use)				
-				
0 2	-1212		CPECTOR DIST	ברחת ה ביני ביני
APPPROVED BY TITLE TITLE DATEMAR 2 0 2007				
Conditions of approval, if any:				
•	1			