Submit 3 Copies 10 Appropriate District Office	State of New Mexico		Form C-103 May 27, 2004
<u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.
District II	OIL CONSERVATION DIVISION		30045335340000
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE X
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	54114 1 5, 1114 0 / 505		6. State Oil & Gas Lease No. NM-7102
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 ABRAMS
PROPOSALS.) 1. Type of Well: Oil Well	. Type of Well: Oil Well Gas Well X Other		8. Well Number 100
2. Name of Operator		9. OGRID Number	
BURLINGTON RESOURCES OIL & GAS COMPANY LP 3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499			14538 10. Pool name or Wildcat FRC/BASIN (FRUITLAND COAL)
4. Well Location			
Unit Letter A: 745' feet from the FNL line and 945' feet from the FEL line			
Section 05 Township		State NM	County SAN JUAN
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)	
5764 - GR Pit or Below-grade Tank Application or Closure			
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: mi			nstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WOR	
TEMPORARILY ABANDON		COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	I JOB 📙
OTHER:		OTHER: FIRS	ST DELIVERY 03/21/07 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 MAY1'07
			DIL CONS. DIV. DIST. 3
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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 MOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .			
SIGNATURE MANAGE	Man III TITLE	REGULATORY 1	TECHDATE_04/27/07
Type or print name	E-mail ad	dress:	Telephone No.
For State Use Only			a program o 101
APPROVED BY: Accepte. Conditions of Approval (if any):	d for record. TITLE		DATE