Subjuit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103 Revised May 08, 2003
District I Energy, Minerals and Natural Resources  Energy, Minerals and Natural Resources			WELL API NO.		
District II OU CONSEDVATION DIVISION				30-045-31213	
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 NIM 87505			·	STATE FEE 6. State Oil & Gas Lease No.	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505				o. State Off & O	as Lease IVO.
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				Allison Unit	
PROPOSALS.) 1. Type of Well:				8. Well Number	
Oil Well Gas Well Other CBM				130S	
2. Name of Operator				9. OGRID Num	her
Burlington Resources Oil & Gas Company LP				14538	
3. Address of Operator				10. Pool name or Wildcat	
PO Box 4289, Farmington, NM 87499				Basin Fruitland Coal	
4. Well Location					
Unit Letter P : 1	135feet from the	_South_	line and10	15feet from	n theEastline
Section 24	Township 32		Range 7W	NMPM	San Juan County
The second of th	11. Elevation (Show wh 6456' GR	ether DR,	RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
				SEQUENT <u>r</u> e	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRIL	LING OPNS.	PLUG AND  ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND  CEMENT JOB		
OTHER:		$\boxtimes$	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.					
	C 24 1 11			31123	
Please extend our application for permit to drill.					
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				1811115	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Tammefalm	reall_1	TITLE	Regulatory Specialis	st	DATE <u>9-2-03</u>
Type or print name Tammy Wimsat	t			Tele	phone No. (505) 326-9700
M					
APPPROVED BY Conditions of approval, if any:	T	TTLE			_DATE
Conditions of approval, it any:	′ /				