Submit 3 Copies 10 Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		Form C-103 May 27, 2004
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 3004511426
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE X FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,		I-22LND-2772
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 UTE
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other		8. Well Number 12
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP		9. OGRID Number 14538	
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499			10. Pool name or Wildcat BARKER CREEK PARADOX
4. Well Location			
Unit Letter_F_: 2708' feet from the FSL line and 1608' feet from the FWL line			
Section 16 Township 032N Range 014W State NM County SAN JUAN 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
Fit or Below-grade Tank Application or Closure			
Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance 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			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASI			RK
TEMPORARILY ABANDON DULL OR ALTER CASING		ILLING OPNS.□ PAND A □ IT JOB □	
OTHER:			E-DELIVERY 08/14/07 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.			
or recompletion.			
This well was re-delivered after being turned off for more than 90 days on <u>08/14/07</u> and produced an initial MCF of <u>1500</u> .			
			RCVD DEC 14'07
			OIL CONS. DIV.
			DIST. 3
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 MI AM A	Wamel 1) TITLE		DATE12/12/07
Marie E. Jaramillo Type or print name	R E-mail ac	egulatory Tech. idress:	Telephone No.
For State Use Only	Z man	· • • • • •	. /
APPROVED BY: Uccepted	for record / TITLE		DATE 12/14/07
Conditions of Approval (if any):	18		