Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	June 16, 2008 WELL API NO.
District II	OIL CONSERVATION DIVISION	3003930493
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 District IV	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	,	E-290-39
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	JOHNSTON A
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 13P
2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP		9. OGRID Number 14538
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 4289, FARMING	FON NM 87499	BLANCO MV / BASIN DK
4. Well Location		
		60'feet from theFELline
Section 36		06W NMPM RIO ARRIBA County
	6553' GL	·/
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 CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
OTHER:	OTHER:	FIRST-DELIVERY 07/23/08 ⊠
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.		
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This well was first-delivered on <u>07/23/08</u> and produced natural gas and entrained hydrocarbons of <u>667</u> MCF.		
TP: 743 CP: 575	Initial MCE, 447	RCVD JUL 31 'OB
TP: 743 CP: 575	Initial MCF: 667	OIL CONS. DIV.
Meter No.: 88545		
Gas Co.: EFS		DST. 3
Gas con 225		
1		
I hereby certify that the information	a above is true and complete to the best of my knowled	ge and helief
I hereby certify that the information	n above is true and complete to the best of my knowled	ge and belief.
Marsh		
I hereby certify that the information	above is true and complete to the best of my knowled TITLERegulatory Tech	
Marsh	MMM TITLE Regulatory Tech	
SIGNATURE	MMM TITLE Regulatory Tech	DATE07/23/08
SIGNATURE Type or print nameMarie E. Jara For State Use Only	TITLE Regulatory Tech amillo E-mail address: marie.e.jaramillo@Co	DATE07/23/08
SIGNATURE Marie E. Jara	TITLE Regulatory Tech amillo E-mail address: marie.e.jaramillo@Co	DATE07/23/08onocoPhillips.com PHONE:505-326-9865