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.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	3004534819 5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. FEE
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 DECKER
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 2M
2. Name of Operator		9. OGRID Number 14538
BURLINGTON RESOURCES OIL & GAS COMPANY LP 3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 4289, FARMINGTON NM 87499		BASIN DAKOTA / BLANCO MESAVERDE
4. Well Location		
	feet from theFSL line and755'fe	
Section 26 Township 032N Range 012W NMPM SAN JUAN County NM 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
And the second s	6458' GR	
12. Check A	Appropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	RK ALTERING CASING	
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS COMMENCE DE CASING/CEMEN	RILLING OPNS. P AND A
OTHER:	☐ OTHER:	FIRST-DELIVERY 03/20/09 ⊠
	eleted operations. (Clearly state all pertinent details, a pork). SEE RULE 1103. For Multiple Completions: A	
•		
This wall was first delivered on 03/2	20/09 and produced natural gas and entrained hydrocar	hone of 12 136MCF
This well was hist-delivered on <u>05/2</u>	and produced natural gas and entrained hydrocar	bons 01 <u>12,130</u> 1/1CF.
TID N/A CD N/A	L W 1846D 49494	
TP: N/A CP: N/A	Initial MCF: 12,136	RCVD APR 9'09
Meter No.: 36806		OIL CONS. DIV.
Gas Co.: WFS		DIST. 3
Project Type: CLOSED LOOP		DI31. 0
Troject type. Choshb hoof		
1		•
77	above is true and complete to the best of my knowled	11.11.6
I hereby certify that the information	above is true and complete to the best of my knowled	ige and belief.
SIGNATURE	M TITLE Regulatory Tech	DATE04/08/09
Type or print name Marie E/Jaran	millo E-mail address: marie.e.iaramillo@Co	onocoPhillips.com PHONE:505-326-9865
For State Use Only		_
APPROVED BY: ACCOUNTED >	tor recus d TITLE	DATE
Conditions of Approval (if any):	for record TITLE	
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