Submit 3 Copies To Appropriate State of New Mexico Form C-103 District Office June 16, 2008 Energy, Minerals and Natural Resources District_I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 3003924315 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. STATE 🛛 FEE 🖂 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV 1220 S. St. Francis Dr., Santa Fe, NM E-5111-4 87505 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 SAN JUAN 29-7 UNIT NP DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number 515 PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other 9. OGRID Number 14538 2. Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP 3. Address of Operator 10. Pool name or Wildcat **BLANCO MESAVERDE / BASIN DAKOTA P.O. BOX 4289, FARMINGTON NM 87499** 4. Well Location Unit Letter H: 1755' feet from the FNL line and 1055' feet from the FEL line Township 007WNMPM RIO ARRIBA County NM Section 36 029N Range 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 'GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON PERFORM REMEDIAL WORK REMEDIAL WORK ALTERING CASING | TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS.□ P AND A \Box PULL OR ALTER CASING \Box MULTIPLE COMPL **CASING/CEMENT JOB RE-DELIVERY** 05/12/09 OTHER: 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. This well was shut in due to drilling San Juan 29-7 Unit 73C. It was re-delivered on 05/12/09 produced an initial MCF of 228. CP: 333 Initial MCF: 228 TP: 244 EO' 7 MUL GVDS Meter No.: 92333 OIL CONS. DIV. DIST. 3 Gas Co.: EFS **Project Type: REDELIVERY** I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE Regulatory Tech DATE Type or print name __Mafie E. Jafamillo_____ E-mail address: marie.e.jaramillo@ConocoPhillips.com PHONE: __505-326-9865 For State Use Only APPROVED BY: Accord TITLE DATE Conditions of Approval (if any):