Submit 3 Copies To Appropriate	State of New Mo		For	m C-103	
District Office District I	Energy, Minerals and Natural Resources			Ju	ne 16, 2008
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		3004530554		
District III	1220 South St. Francis Dr.		5. Indicate Type		
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE [6. State Oil & Ga		\boxtimes
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa 1 0, 1111 0 7 5 0 5		FEE	s Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or	Unit Agreeme	nt 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 PROPOSALS.)			8. Well Number 15M		
1. Type of Well: Oil Well Gas Well Other					
2. Name of Operator	Just Wolf Ed Strict		9. OGRID Numb	er 14538	
BURLINGTON RESOURCES OIL & GAS COMPANY LP					
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499			10. Pool name or Wildcat BASIN DAKOTA/ BLANCO MESAVERDE		
4. Well Location					
	5' feet from the FSL	line and 1820'	feet from the	FEL line	
				_	
Section 21 Township 032N Range 012W NMPM SAN JUAN County NM					
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 'GR					
TANK TO THE RESERVE TO THE PARTY OF THE PART	GR				
12. Check A	ppropriate Box to Indicate N	Nature of Notice	Report or Other	Data	
NOTICE OF INT	ENTION TO:	9115	SEQUENT RE	DODT OF	
NOTICE OF INTENTION TO: SUE PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERIÑG CA	SING []
TEMPORARILY ABANDON	CHANGE PLANS	RILLING OPNS.	P AND A		
PULL OR ALTER CASING	_				
, occ ovvicing contents		ON TON TO POEMIE			
OTHER:		OTHER:	RE-DELIVERY	06/04/09	\boxtimes
13. Describe proposed or complete of starting any proposed work or recompletion.This well was shut in due to drilling Complete or com	k). SEE RULE 1103. For Multip	ole Completions: A	ttach wellbore diagra	am of proposed	completion
			RCVD JUN 15'09		
TP: 144					
Meter No.: 36354			OIL CONS. DIV.		
Gas Co.: WFS				DIST. 3	
Project Type: REDELIVERY		•			
,					
I hereby certify that the information a	bove is true and complete to the b	est of my knowled	ge and helief		
Thereby certify that the information a	Jove is the and complete to the c	best of my knowled,	ge and benef.		
SIGNATURE MANAGEMENT	Cuulltitler	egulatory Tech	DAT	E06/09	/09
Type or print nameMarie E. Jaram For State Use Only					
APPROVED BY Accepted for record TITLE			DA	TE	
APPROVED BY: Accepted Conditions of Approval (if any):	8	•			
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