Submit 3 Copies To Appropriate District Office District I State of New Mexico Energy, Minerals and Natural Resources	Form C-103 June 16, 2008
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave. Artesia, NM 88210 OIL CONSERVATION DIVISION	WELL API NO. 3004534796
1301 W. Grand Ave, Artesia, NM 88210 District III 1000 Rio Biazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.	5. Indicate Type of Lease 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 CALLOWAY 8. Well Number 1B
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other	8. Well Number 1B
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 BASIN DAKOTA / BLANCO MESAVERDE
4. Well Location Unit Letter B: 1090' feet from the FNL line and 1745' feet from the FEL line Section 27 Township 031N Range 011W NMPM SAN JUAN County NM 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5741' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB	
OTHER: FIRST-DELIVERY 06/30/09 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 is a new drill and was first-delivered on <u>06/30/09</u> and produced natural gas and entrained hydrocarbons of <u>750 MCF</u> .	
TP: 1020 CP: 920 Initial MCF: 750	RCVD JUL 2'09
Meter No.: 88748	OIL CONS. DIV.
Gas Co.: EFS	DIST. 3
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Staff Regulatory Tech DATE 07/01/2009	
For State Use Only	
APPROVED BY: <u>A CCEPTED</u> for <u>he cord</u> TITLE Conditions of Approval (it any):	DATE