

Submit 3 Copies To Appropriate  
District Office  
District I  
1625 N French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
June 16, 2008

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>3003923127</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>BOX CANYON COM</b>
8. Well Number <b>1</b>
9. OGRID Number <b>14538</b>
10. Pool name or Wildcat <b>DEVILS FORK GALLUP</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>6512 ' GR</b>

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  
PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
**BURLINGTON RESOURCES OIL & GAS COMPANY LP**

3. Address of Operator  
**P.O. BOX 4289, FARMINGTON NM 87499**

4. Well Location  
Unit Letter **M** : **1200'** feet from the **FSL** line and **720'** feet from the **FWL** line  
Section **15** Township **025N** Range **006W** NMPM **RIO ARRIBA** County **NM**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: **RE-DELIVERY** **08/25/09** ☒

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 was shut in due after logging off. It was re-delivered on **08/25/09** produced an initial MCF of **176**.

TP: 160 CP: 230 Initial MCF: 176

Meter No.: 95263

Gas Co.: EFS

Project Type: REDELIVERY

RCVD OCT 14 '09

OIL CONS. DIV.

DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tamra Sessions TITLE Staff Regulatory Tech DATE 10/09/09

Type or print name Tamra Sessions E-mail address: tamra.d.sessions@ConocoPhillips.com PHONE: 505-326-9834

**For State Use Only**

APPROVED BY: accepted for record TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any): 2