State of New Mexico Office	Form C-103
District 1 Energy, Minerals and Natural Resources 1625 N French Dr., Hobbs, NM 88240	June 16, 2008 WELL API NO.
District II ON CONCEDIVATION DIVIGION	3004534556
District III 1220 South St. Francis Dr	5. Indicate Type of Lease  STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	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 MONTGOMERY
PROPOSALS.)  1. Type of Well: Oil Well: Gas Well  Other	8. Well Number 1R
2. Name of Operator	9. OGRID Number 14538
BURLINGTON RESOURCES OIL & GAS COMPANY LP	
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499	10. Pool name or Wildcat  BASIN FRUITLAND COAL
4. Well Location	
Unit Letter_A : _685'feet from the _FNL line and1090'	feet from theFELline
	SAN JUAN County NM
11. Elevation (Show whether DR, RKB, RT, GR, etc. 5591' GR	
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WOR	RK ALTERING CASING
	ILLING OPNS. P AND A
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN	IT JOB
OTHER: OTHER:	FIRST-DELIVERY 11/10/09
13. Describe proposed or completed operations. (Clearly state all pertinent details, ar	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: A or recompletion.	ttach wellbore diagram of proposed completion
of recompletion.	
This well is a new drill and was first-delivered on 11/10/09 and produced natural gas and en	ntrained hydrocarbons of 510 MCF
This well is a new drift and was hist-derivered on <u>1010/0</u> 2 and produced natural gas and en	intained hydrocarbons of <u>510</u> Week.
TP: 113	Eddle are a some a
	RCVD NOV 12'09
Meter No.: 88750	
Gas Co.: EFS	Series (Carlotte Carlotte Carl
	~~, 2
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.
SIGNATURE TITLE Staff Regulatory Tecl	DATE11/11/09
Type or print nameTamra Sessions E-mail address: tamra.d.sessions@ConocoPhillips.com PHONE:505-326-9834	
For State Use Only	
Approved By Acc. of the Cold By	DATE
APPROVED BY: Accepted for Record TITLE  Conditions of Approval (if any):	DATE
The state of the s	