

June 16, 2008

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

WELL API NO.

3004511591

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

B-10889-18

7. Lease Name or Unit Agreement Name

GREEN COM

8. Well Number 1

9. OGRID Number 14538

10. Pool name or Wildcat

BLANCO PICTURED CLIFFS

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 &amp; GAS COMPANY LP

3. Address of Operator

P.O. BOX 4289, FARMINGTON NM 87499

4. Well Location

Unit Letter E : 1935 feet from the FNL line and 825' feet from the FWL lineSection 36 Township 029N Range 009W NMPM SAN JUAN County NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

5661' GR

## 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 01/14/10 ☒

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 line repair. It was re-delivered on 01/14/10 produced an initial MCF of 14.

TP: 136 CP: 0 Initial MCF: 14

Meter No.: 75323

Gas Co.: EFS

Project Type: REDELIVERY

RCVD MAR 1 '10

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 Tam Sessions TITLE Staff Regulatory Tech DATE 02/26/10Type 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 h DATE 3/4/10

Conditions of Approval (if any):