| Submit 3 Copies To Appropriate District Office District I | trict Office trict I State of New Mexico Energy, Minerals and Natural Resources Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505 | | Form C-103 June 16, 2008 |
|--|---|-------------------------|--|
| 1625 N French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W Grand Ave. Artesia NM 88210 | | | WELL API NO. 3003924317 |
| District III | | | 5. Indicate Type of Lease STATE ☐ FEE ☐ |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | 6. State Oil & Gas Lease No. E-347-20 |
| 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 | | | 7. Lease Name or Unit Agreement Name SAN JUAN 30-6 UNIT |
| | | | 8. Well Number 443 |
| Name of Operator BURLINGTON RESOURCES OIL & GAS COMPANY LP | | | 9. OGRID Number 14538 |
| 3. Address of Operator | | | 10. Pool name or Wildcat |
| P.O. BOX 4289, FARMINGT | ON NM 87499 | | BASIN FRUITLAND COAL |
| 4. Well Location Unit Letter G: 2200 feet from the FNL line and 1360' feet from the FEL line | | | |
| Section 36 Township 030N Range 006W NMPM RIO ARRIBA County NM | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| | 6807 ' GR | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | 1 | |
| OTHER: | [| OTHER: | RE-DELIVERY 02/19/10 |
| 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 more than 90 days due to economic conditions. It was re-delivered on <u>02/19/10</u> produced an initial MCF of 80 . | | | |
| TP: 40 CP: 80 Initial MCF: | 80 | | |
| Meter No.: DUK20506 | | | RCVD MAR 22'10 |
| Gas Co.: TEPPCO | | | OIL CONS. DIV. |
| Project Type: REDELIVERY | | | DIST. 3 |
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| | | | |
| I hereby certify that the information | above is true and complete to | the best of my knowledg | e and belief. |
| | • | | |
| SIGNATURE Jamben | TITLE | Staff Regulatory Tech | DATE03/17/10 |
| Type or print nameTamra Sessions E-mail address: tamra.d.sessions@ConocoPhillips.com PHONE:505-326-9834 For State Use Only | | | |
| APPROVED BY: accepted ke | record TITLE | | DATE |
| APPROVED BY: accepted for record TITLE DATE Conditions of Approval (if any): B | | | |