Submit 3 Copies To Appropriate	State of New Mexico	Form C-103
District Office District I	Energy, Minerals and Natural Resource	Dune 16, 2008
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 3004534609
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISIO	N 5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		FEE
SUNDRY NOTION	CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT" (FORM C-101) FOR SUCH	A ALLISON UNIT 8. Well Number 41M
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Number 411VI
2. Name of Operator	Jas Well 🔼 Other	9. OGRID Number 14538
BURLINGTON RESOU	RCES OIL GAS COMPANY, LP	
3. Address of Operator	031337.07.400	10. Pool name or Wildcat
P.O. BOX 4289, FARMINGTO	JN NM 87499	BASIN DAKOTA / BLANCO MESAVERDE
4. Well Location		
Unit Letter_M_:_11	70'feet from theFSL line and	_130'feet from theFWL line
Section 29 Tov		IPM SAN JUAN County NM
	11. Elevation (Show whether DR, RKB, RT, C	GR, etc.)
	0340 GR	
12. Check A	ppropriate Box to Indicate Nature of N	otice. Report or Other Data
		•
NOTICE OF IN PERFORM REMEDIAL WORK	PLUG AND ABANDON ☐ REMEDIA	SUBSEQUENT REPORT OF: L WORK
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING	_	CEMENT JOB
		ZIMENT OBS
OTHER:	OTHER:	RE-DELIVERY 03/17/10⊠
		ails, and give pertinent dates, including estimated date ons: Attach wellbore diagram of proposed completion
or recompletion.	k). BEE ROLL 1103. To Muniple Complete	ons. Attach wendore diagram of proposed completion
This well was shut in more than 90 days due to downhole issues. It was re-delivered on <u>03/17/10</u> produced an initial MCF of 500 .		
This wen was shut in more than 90 days due to downhole issues. It was re-derivered on <u>03/17/10</u> produced an initial MCF of 300.		
TP: 504 CP: 504	Initial MCF: 500	
11. 504	inclusive and the second	
Meter No.: 82275		
Gas Co.: WFS		RCVD AUG 16'10
Gas Co WIS		OIL CONS. DIV.
Project Type: REDELIVERY		DIST. 3
		<i>0</i> 131. 3
I hereby certify that the information a	bove is true and complete to the best of my know	owledge and belief.
1		
SIGNATURE amais		
	TITLE Staff Regulator	ry TechDATE08/12/10
•	TITLE Staff Regulator	
Type or print nameTamra Session	TITLE Staff Regulator S E-mail address: sessitd@ConocoPh	
Type or print nameTamra Session For State Use Only	s E-mail address: sessitd@ConocoPh	nillips.com PHONE:505-326-9834
Type or print nameTamra Session For State Use Only APPROVED BY Orogonal For	s E-mail address: sessitd@ConocoPh	nillips.com PHONE:505-326-9834
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