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

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

Form C-103
June 16, 2008

WELL API NO. **3004522439**

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. **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 PROPOSALS.)

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

7. Lease Name or Unit Agreement Name **MADDOX WALLER**

8. Well Number **1A**

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

9. OGRID Number **14538**

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

10. Pool name or Wildcat **BLANCO MESAVERDE**

4. Well Location
Unit Letter **C** : **800'** feet from the **FNL** line and **1465'** feet from the **FWL** line
Section **14** Township **032N** Range **011W** NMPM **SAN JUAN** County **NM**

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)* **6387 ' 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	☐	CASING/CEMENT JOB	☐		
OTHER:	☐			OTHER: **RE-DELIVERY** **04/27/10**	☒		

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 downhole issues. Returned to production on **04/27/10** produced an initial MCF of **374** .

TP: 208 **CP: 271** **Initial MCF: 374**

Meter No.: 89836

Gas Co.: EFS

Project Type: REDELIVERY

RCVD AUG 24 '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 Tamra Sessions TITLE Staff Regulatory Tech DATE 08/20/10

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

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):