

State of New Mexico
Energy, Minerals and Natural Resources

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

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.)		WELL API NO. 3003921670
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator BURLINGTON RESOURCES OIL GAS COMPANY, LP		6. State Oil & Gas Lease No. E-347-26
3. Address of Operator P.O. BOX 4289, FARMINGTON NM 87499		7. Lease Name or Unit Agreement Name SAN JUAN 30-6 UNIT
4. Well Location Unit Letter J : 1480' feet from the FSL line and 1760' feet from the FEL line Section 32 Township 030N Range 006W NMPM RIO ARRIBA County NM		8. Well Number 13A
11. Elevation (Show whether DR, RKB, RT, GR, etc.) ' GR		9. OGRID Number 14538
10. Pool name or Wildcat BLANCO MESAVERDE		

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 10/13/10** ☒

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 drilling the San Juan 30-6 Unit 13M. Returned to production on **10/13/10** produced an initial MCF of **120**.

TP: 237 CP: 237 Initial MCF: 120

Meter No.: 85147

Gas Co.: WFC

Project Type: REDELIVERY

RCVD OCT 20 '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  TITLE Staff Regulatory Tech DATE 10/18/10

Type or print name Marie E. Jaramillo E-mail address: marie.e.jaramillo@ConocoPhillips.com PHONE: 505-326-9865

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

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