Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103		
⊕ffice District [Energy, Minerals and Natural Resources		Jun 19, 2008		
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
District II	OIL CONSERVATION DIVISION		30-045-34850		
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410			STATE	FEE 🛛	
District IV	Santa Fe, NM 8	/505	6. State Oil & Gas L	ease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Ur	it Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Randlemon		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				,	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 100	OS .	
2. Name of Operator			9. OGRID Number		
Burlington Resources Oil Gas Company LP			14538		
3. Address of Operator			10. Pool name or Wildcat		
P.O. Box 4289, Farmington, NM 87499-4289			Basin Fruitland Coal		
4. Well Location 1515 Unit Letter G: 2450		ا کا ا Line and1573		East line	
Section 26		Range 11W		an County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 5729' GR					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
12. Check A	ppropriate box to indicate N	valure of Notice,	Report of Other Da	la	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				TERING CASING	
				AND A	
			MENT JOB		
DOWNHOLE COMMINGLE	_				
OTHER: APD Extension	OTHER:				
12 Describe and a second	-t-1 (Cl1 -t-t-1			-1. 1'4' - 4 (1.4	
	eted operations. (Clearly state all				
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
or recompletion.					
Burlington Resources request an extension to the APD for the subject well.					
ExPiles 11-21-2011					
(XTIKES / I OI					
Spud Date:	Rig Rele	ased Date:			
		<u> </u>			
I hereby certify that the information a	bove is true and complete to the b	est of my knowledge	and helief		
1	$O \cap A \cap A$	ost of my knowledge	and ponor.		
SIGNATURE TAMAN	Dable TITLE	Staff Regulatory	Technician DATE	11/3/2010	
The state of the s					
Type or print name Brandie Blakle	y E-mail address: bl	aklbn@conocophilli	ps.com PHONE: 50	<u>05-324-6134</u>	
For State Use Only	//				
01. L	TITLE	eputv Oil ೩ ದಿ	se Inchasta	10	
APPROVED BY: Man To	- Dietriot	Dil & Gas Inspector, DATE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Conditions of Approval (if any):		DISTUCT	#3		