Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resour	WELL API NO. June 16, 2008	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	ON 3004534839	
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease  STATE  FEE  FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		E-6514-1	
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		8. Well Number 100S	
2. Name of Operator		9. OGRID Number 14538	
BURLINGTON RESOURCES OIL & GAS COMPANY LP  3. Address of Operator		10. Pool name or Wildcat	
P.O. BOX 4289, FARMINGTON NM 87499		BASIN FRUITLAND COAL	
4. Well Location			
Unit Letter N: 1154' feet from the FSL line and 1809' feet from the FWL line			
Section 02 Township 029N Range 010W NMPM SAN JUAN County NM  11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	11. Elevation (Show whether DR, RRB, R1, 5861' GR	GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	J	AL WORK	
PULL OR ALTER CASING		CEMENT JOB	
_	_	_	
OTHER: TEST ALLOWABLE GAS C104 CANCEL  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.			
The completion process was changed from a gas recovery completion to a normal completion. A Test Allowable Gas C104 was			
submitted on $\underline{02/22/11}$ and approved on $\underline{02/25/11}$ . This is notice to cancel the Test Allowable C104.			
I hereby certify that the information	above is true and complete to the best of my k	nowledge and helief	
Thereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE ande	TITLE Staff Regulat	ory TechDATE03/10/11	
Type or print name Tamra Session		ConocoPhillips.com PHONE:505-326-9834	
For State Use Only			
APPROVED BY: LULY DELLE TITLE CLAMPIN OSSISTANT DATE MAR 1 5 2011 Conditions of Approval (if anx):			
9	5618970177223		
	OF Dr.		
TECEIVED S			
E 2019 3			
E OIL CONS. DIV. DIST. 3			
Conditions of Approval (if any):  **PECEIVED OIL CONS. DIV. DIST. 3			
821213242EC111			
	250 24 250		